(2)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN - MARYLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHURCH LANE (visiting)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 2737 GWYNN FALLS PKY.

3. NAME OF DECEASED (Type or Print) (First) LEROY (Middle) [illegible] (Last) ANDERS
4. DATE OF DEATH (Month) AUGUST (Day) 16 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		FEB. 23-1890	61 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BARBER —		NORTH WALES - PENN.	USA

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME MRS MARGARET PARVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS WIFE - MRS LEROY ANDERS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY OCCLUSION —	15 MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CHRONIC CONGESTIVE HEART FAILURE	5 YEARS
	(c) BRONCHIAL ASTHMA —	35 YEARS

434.1
112

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ — Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 16, 1951, to Aug 16, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 4:10A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas E. Wheeler	MD	Randallstown Md	Aug 16 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 18/51	Mt. Olivet, 2930 Frederick Rd.	Baltimore Md

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/20/51	H.W. Hedrick	Harry A. Leitzke	4101 Edmondson Ave.

Dm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 -FilmG135 9-10-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

130 07721

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (In this place): 3 hrs.10 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: 40; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 221 S. Green Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) A. (Last) ANDERSON

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/7/90

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Truck Driver

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Anderson

14. MOTHER'S MAIDEN NAME: Mary (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 214-14-5793

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PURULENT MENINGITIS, TYPE UNDETERMINED	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PULMONARY EDEMA	Unknown
	(c) Diabetes mellitus	Unknown

260 61

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. (Results of autopsy - "a" and "b" above.(9-10-51 - ams)

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work [ ] Not While At work [ ]: HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8/27, 1951, to 8/27, 1951, that I last saw the deceased on 8/27/51 and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett (Degree or title): JACK M. BURNETT, M.D. ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 8/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 8-30-'51; NAME OF CEMETERY OR CREMATORY: Baltimore National; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 8/29/51; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantley Ave. Baltimore, Maryland

550 WW

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07722

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ennel. | LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 919 Essex ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lane.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Ash. (ASHE)
4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 51.
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH Mar 31/13
9. AGE last birthday 38. yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mill
10b. KIND OF BUSINESS OR INDUSTRY Labor.
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Ash.
14. MOTHER'S MAIDEN NAME Agnes Ash Slotcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mother. (above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion - | INTERVAL BETWEEN ONSET AND DEATH

295X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Haemophylia. |

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D.M. Carmine M.D. Deputy medical Examiner Balto. Co. Dundalk 22 md. 8/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/14/51 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 8-13-51 | REGISTRAR'S SIGNATURE A.W. Redrick

24. FUNERAL DIRECTOR J.M. Cox Inc. ADDRESS 1247 S. Paul St.

VS-ANSA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07723

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORT HOWARD | LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALEXANDRIA
STREET ADDRESS (If rural, give location) 1010 Duke Street

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) N. (Last) Baker
4. DATE OF DEATH (Month) August (Day) 26 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	8/28/96	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lock Inspector
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alexandria, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Baker
14. MOTHER'S MAIDEN NAME: Virginia Pettit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) OLD AND RECENT MYOCARDIAL INFARCTIONS — Unknown

420.1 / 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Coronary Disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 19 years
Adenoma right Thyroid — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 2 19 51 to August 26 19 51, that I last saw the deceased alive on ~~xxxxxxxxxxxxxxxx~~, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett
Jack M. Burnett, M.D. (Degree or title)
ADDRESS: VAH Fort Howard, Md.
DATE SIGNED: 8/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 28, 1951	Bethel Cemetery	Alexandria, Virginia

DATE REC'D BY LOCAL REG. Aug 26 51 | REGISTRAR'S SIGNATURE: Lawrence L. Harbin

24. FUNERAL DIRECTOR: Wheatley Undertakers Parlor — ADDRESS: 809 King St. Alexandria, Va.

VS. A15

RECEIVED
SEP 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07725

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville, Md. | LENGTH OF STAY (in this place) approx. 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS 108 (If rural, give location) Butler Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Fairbanks (Last) Bauer
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 27, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 14
9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired salesman for battery Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander Henry Bauer
14. MOTHER'S MAIDEN NAME: Helen Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. C. C. Speed, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Arthritis Deformans — 4 to 5 yrs
723.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown.
59 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Invalidism for several Years —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from from, 1948, to Aug 27, 19 51, that I last saw the deceased alive on Aug 26, 19 51, and that death occurred at 730 m., from the causes and on the date stated above.

SIGNATURE: E E Nichols (Degree or title) MD ADDRESS Pikesville 8 Md DATE SIGNED 8/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 29, 1951 | NAME OF CEMETERY OR CREMATORY: St. Paul's Luthern Cem. | LOCATION (City, town, or county) (State): Arcadia, Md.

DATE REC'D BY LOCAL REG.: Aug 28-51 | REGISTRAR'S SIGNATURE: Dr E E Nichols | 24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md. | ADDRESS

480667

RECEIVED
AUG 29 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 1125 H Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	J.	BIEDSOE	August 9 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	7-15-93	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipe Fitter	STEEL	Orange Co., Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fostes Bledsoe	Lou H. McClary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	213-07-0634	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) GENERALIZED CARCINOMATOSIS	7 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA OF RECTUM	16 months
(c)	

151X 4th

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from June 14, 1951, to Aug. 9, 1951, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE Jack M. Burnett (Degree or title) ADDRESS DATE SIGNED 8-9-51

JACK M. BURNETT, M. D., ACTING CHIEF, LABORATORY SERVICE, VAH, FORT HOWARD, MD.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8/13/51	FAIRVIEW	Culpepper, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR / ADDRESS
Aug 9-1951 9.m.m	William M. Kelly Jr.	Walter Brooks Bradley, Inc. 700 Willow Spring Road, Baltimore, Maryland

VS-A1

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge | LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Blenheim Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge
STREET ADDRESS (If rural, give location) 206 Blenheim Rd

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) BODE

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1951

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE | 8. DATE OF BIRTH Nov 18 1873 | 9. AGE last birthday 77? yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Balto Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dietrich Bode | 14. MOTHER'S MAIDEN NAME Amelia Bossie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Elizabeth Kunz 206 Blenheim Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease — 5 yrs.

422.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1946, to August 10, 1951, that I last saw the deceased alive on August 9, 1951, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth Kunz 3030 Edmondson Avenue Aug. 10, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 13/51 | NAME OF CEMETERY OR ~~CREMATORY~~ Baltimore | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Aug 11 1951 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co 4905 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland; LENGTH OF STAY (In this place) 64; HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland; STREET ADDRESS (If rural, give location) Middle town Rd.

3. NAME OF DECEASED (Type or Print): (First) Chester (Middle) Oscar (Last) Bollinger

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Hoffmanville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bollinger

14. MOTHER'S MAIDEN NAME: Emmaline Wirtz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-12-8353

17. INFORMANT: Mrs. Rosa Bollinger. - Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1 Day (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. France M.D. Parkton Md 8/4/51

23. BURIAL, CREMATION REMOVAL, (Specify) Burial

DATE THEREOF Aug 7/1951

NAME OF CEMETERY OR CREMATORY Middletown Cemetery

LOCATION (City, town, or county) (State) Freeland, Balto. Co. Md.

DATE REC'D BY LOCAL REG. Aug 6/51

REGISTRAR'S SIGNATURE Charles L. Eccleston

34. FUNERAL DIRECTOR ADDRESS Jacob Hartenstein, New Freedom, Pa.

1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1

T

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   LENGTH OF STAY (In this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 511 Dunkirk Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Rural
   STREET ADDRESS (If rural give location): 511 Dunkirk Rd.

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) I. (Last) Booth

4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-30-1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse M. Arbaugh

14. MOTHER'S MAIDEN NAME: Ida M. Sprinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: J. Tabott Booth 511 Dunkirk Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid & metastasis To Liver — Interval between onset and death: 2 years

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

46 2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950, to Aug., 1951, that I last saw the deceased alive on Aug. 13, 1951, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE: Loy M. Zimmerman — (Degree or title) M. D. — ADDRESS: 2858 Harford Rd. — DATE SIGNED: Aug. 14 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-15-1951 — NAME OF CEMETERY OR CREMATORY: Carrollton Church Cem. — LOCATION (City, town, or county) (State): Carrollton Md.

DATE REC'D BY LOCAL REG. 8-15-51 — REGISTRAR'S SIGNATURE: L Woodruff

24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07730

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 4232 Belmar Ave

3. NAME OF DECEASED (Type or Print): (First) Luther (Middle) Ward (Last) Bowers
4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 14 1892
9. AGE last birthday: 59 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: City Service
11. BIRTHPLACE (State or foreign country): Hewlstown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: David E. Bowers
14. MOTHER'S MAIDEN NAME: Hilrbelle Whettle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No. 212-09-5729
17. INFORMANT AND ADDRESS: Margaret M. Bowers 4232 Belmar Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 10 min

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

420.1
17d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION: June 17, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of lung, inoperable
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1950, to Aug. 11, 1951, that I last saw the deceased alive on Aug. 11, 1951, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE: Adam G. Lewis (Degree or title) M.D. ADDRESS 6232 Belair Rd. DATE SIGNED Aug-13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 14-51 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 8/13/51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR (ADDRESS): Riggal Bro. 7110 Belair Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

17731

Reg. Dist. No. 35-

M

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pretty Boy Dam — MARYLAND — LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY York — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover — STREET ADDRESS (If rural, give location) 307 W. Hanover St.

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) R (Last) COWMAN

4. DATE OF DEATH: (Month) AUG. (Day) 1 (Year) 19 57

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W — 8. DATE OF BIRTH: Aug. 1 1882 — 9. AGE last birthday: 69 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Stationary Store — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): York Co. Pa. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Bowman — 14. MOTHER'S MAIDEN NAME: Lydia Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs. Helen Bowman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

14a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

H. M. Frauer — M.D. — Parkton Md — 8/2/57

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) — (State)

Aug 4-1957 — Mt Olivet Cemetery — Hanover — Pa.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Aug 2 1957 — Valentine L Fenton — Jacob Hartenstein — New Freedom Pa.

RECEIVED
AUG 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4.32

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7312 Alvah Ave.	STREET ADDRESS (If rural, give location): 7312 AlvahAve.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Louis	Bradley	8/	1/	51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	Dec. 17, 1876	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipe Fitter	Retired	England	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
not known	not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mary M. Bradley 7312 Alvah Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	2 yrs.
420.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive arteriosclerotic heart disease	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/1/51, to 8/1/51, that I last saw the deceased alive on 8/1/51, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE: Samuel B. Klyanuring (Degree or title) KLIJARIAN M.D. ADDRESS: 3500 Edmondson Ave. DATE SIGNED: 8/2/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/4/51.	Oak Lawn	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 4 1951	R.C.W.	Clarence F. Hoffmann	1639 Broadway

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0733

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sinai Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 103 N. Stewart Ave.

3. NAME OF DECEASED (Type or Print): (First) VERONICA (Middle) F. (Last) BRESNICK

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 10-1916

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Wilczak

14. MOTHER'S MAIDEN NAME: Rose ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Tom Bresnick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hydrocephalus

193X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain tumor - Primary

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Not known

19b. MAJOR FINDINGS OF OPERATION: Johns Hopkins Hosp. Brain tumor

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950, to Aug., 1951, that I last saw the deceased alive on 29 July, 1951, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles Kerr M.D. 6801 Belair Rd. 14 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 16-1951 — NAME OF CEMETERY OR CREMATORY: Holy Rosary — LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG. 8-15-51 — REGISTRAR'S SIGNATURE: [illegible]

21. FUNERAL DIRECTOR — ADDRESS: John J. Connelly - 418 Eastern Ave Balto 2, Md.

VS. A10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYBAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WOODLAWN — LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2043 Englewood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural, give location) 2043 Englewood Ave.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) ANDREW (Last) BUCKHEIT
4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: NOV 2, 1891
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER BUCKHEIT
14. MOTHER'S MAIDEN NAME: ROSE MANKING.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 220-03-3573
17. INFORMANT AND ADDRESS: WIFE - Rose Buckheit - 2043 Englewood Ave, Balto 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 3 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DIABETES MELLITUS

(c) PERIPHERAL NEURITIS.

26 X 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5/51, 1951, to 8/10, 1951, that I last saw the deceased alive on 8/7, 1951, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE: Edwin L. Pierpont — (Degree or title) M.D. — ADDRESS 8027 LIBERTY Rd., BALTIMORE 7, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8-13-1951
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 8/10/51
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR — ADDRESS: G. Howard Strong 3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'35

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 1100 Springfield Avenue

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) E. (Last) BURTON

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5/22/87

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Providence, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Burton

14. MOTHER'S MAIDEN NAME: Laura Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Undifferentiated Squamous Cell Carcinoma Of The Neck, right, with extension to the Mandible — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

1912
55e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1951, to 8/28, 1951, [illegible] deceased

[illegible] and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE: Leon Levine (Degree or title) LEON LEVINE, M.D. ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 3-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 8/31/51; NAME OF CEMETERY OR CREMATORY: Baltimore National; LOCATION (City, town, or county) (State): Frederick Rd.Baltimore,Md.

DATE REC'D BY LOCAL REG.: 8/31/51; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home; ADDRESS: 6009 Harford Rd. Baltimore, Md.

Mrs Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3J-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-WHITE HALL — LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - WHITE HALL, MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) ELLEN (Last) CARLIN

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOVEMBER 13 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): WHITE HALL, MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSIAH CARLIN

14. MOTHER'S MAIDEN NAME: CHARITY ASENATH LYTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS JOHN N NORRIS WHITE HALL MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

4222 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

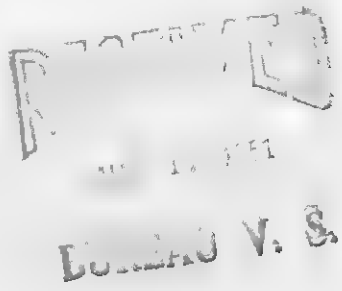
22. I hereby certify that I attended the deceased from ....., 1948, to Aug 14, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 12.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A. M. France M.D — Carleton Md — 8/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: Aug. 16-1951 | NAME OF CEMETERY OR CREMATORY: McKENDREE | LOCATION (City, town, or county) (State): WHITE HALL MD

DATE REC'D BY LOCAL REG. Aug 14-1951 | REGISTRAR'S SIGNATURE: Mrs Howard S Mackline | 24. FUNERAL DIRECTOR — ADDRESS: Howard S. Mackline, White Hall, Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

737

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3117 E Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3117 E Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Agnes	D	Carney	Aug	10	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W.	Single	Aug 2 - 1893	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary	Retired. U.S. Naval Dept 3 yrs	Balto Co	U S A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Carney	Mary McDermott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No No	Miss C V Carney 3117 E Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ca of breast (Generalized)	2 years
	(c)	

170X
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1950, to Aug 10, 1951, that I last saw the deceased alive on Aug 10, 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. E. Gonzales MD — 8304 Harford Road — 8/11/1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/13/51	Parkwood Cem	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 11 1951	R. W.	Lassahn Funeral Home	7401 Belair Rd.

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#7738

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon | LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chatsworth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural give location) Chatsworth Avenue

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Ann (Last) Carter
4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 29 1886
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Whitmore
14. MOTHER'S MAIDEN NAME: Mary Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Richard Stem Glyndon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease with Angina — 6 mo.

(c)

4201 / 732

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to August 7, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Martin E. Strobel M.D. Reisterstown, Md. 8/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 10 1951 | NAME OF CEMETERY OR CREMATORY: All Saints Cemetery | LOCATION (City, town, or county) (State): Reisterstown Md

DATE REC'D BY LOCAL REG. 8-9-51 | REGISTRAR'S SIGNATURE: Mary B. Elina

24. FUNERAL DIRECTOR: Wm Berryman & Sons | ADDRESS: Reisterstown Md

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point (If in city or town, give ward or precinct) Friday.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7210 River Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 24 (O'Donnell Hgts.
STREET ADDRESS (If rural, give location) 6117 Fortress Way.

3. NAME OF DECEASED (Type or Print): (First) Paulette (Middle) (Last) Chojnacki
4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 51
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 3/49
9. AGE last birthday: 1½ yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Melvin Chojnacki.
14. MOTHER'S MAIDEN NAME: Veronica Lendelas.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) accidental

(c)

INTERVAL BETWEEN ONSET AND DEATH: Instantaneous.

E913.8
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River.
(CITY OR TOWN) (COUNTY) (STATE): So. Pt. (Edgemere, Balto. Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 19/1951, 7:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Drowning waters Back River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J M Clarence M.D. (Degree or title): Deputy Medical Examiner ADDRESS: Balto Co. Dundalk 22 2nd DATE SIGNED: 8/8/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 21, 1951
NAME OF CEMETERY OR CREMATORY: Holy Rosary
LOCATION (City, town, or county) (State): Balto. co. Md.

DATE RECD BY LOCAL REG.: 8/20/51
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Wm. D. Fialkowski
ADDRESS: 2007 Eastern Ave

A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville (28) Maryland
STREET ADDRESS (If rural, give location) 315 Montrose Ave.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) S (Last) Channing

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1951

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 15 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lancaster Co, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Barreck

14. MOTHER'S MAIDEN NAME: Emma Rout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Interval Between Onset and Death: 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15th, 19..., to Aug. 14th, 1951, that I last saw the deceased alive on Aug. 13th, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE William A. Winship (Degree or title) M.D., ADDRESS Eudowood Sanatorium, Towson 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/16/51 — NAME OF CEMETERY OR CREMATORY Loudon — LOCATION (City, town, or county) Balto. — (State) Md.

DATE RECD BY LOCAL REG. 8-15-51 — REGISTRAR'S SIGNATURE A. W. Rathbun

24. FUNERAL DIRECTOR — ADDRESS 1217 St Paul St

VS. A(7)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07741

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge, Md.
STREET ADDRESS (If rural, give location) 314 Academy St. ✓

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) PAUL (Last) CHRISTOPHER

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1951

5. SEX: Male. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 6-4-'45 | 9. AGE last birthday: 6 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Aubrey Christopher | 14. MOTHER'S MAIDEN NAME: Madeline Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No. | 16. SOCIAL SECURITY No.: None | 17. INFORMANT AND ADDRESS: Rosewood Training School Records

18. MEDICAL CERTIFICATION & Miss Ethel Keen - attendant

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

922.1 Immediate cause (a) Asphyxia due to Aspiration of Sand — 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition Low Grade Imbicle — 6 yrs. / 6 yrs.

19a. DATE OF OPERATION: None. | 19b. MAJOR FINDINGS OF OPERATION: None. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Playyard. | (CITY OR TOWN): Owings Mills, | (COUNTY): Balto. | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 22 '51 7 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Packed Sand in Mouth & Throat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples | (Degree or title): Deputy Med. Exam. M.D. | ADDRESS: Reisterstown, Md. | DATE SIGNED: 8-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-25-51 | NAME OF CEMETERY OR CREMATORY: Green Lawn | LOCATION (City, town, or county): Worchester Co. | (State): Md

DATE REC'D BY LOCAL REG. 8/24/51 | REGISTRAR'S SIGNATURE: A W Redrick

24. FUNERAL DIRECTOR: Howard H. Hulland | ADDRESS: 2203 Edmondson

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12

Reg. Dist. No. 4-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland
STREET ADDRESS (If rural, give location): Catonsville 28,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES		CLAGGETT	Aug.	27	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	8-30-79	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
tin decorator		Baltimore, Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Claggett	Elizabeth Tudor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unk.		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Infarction left ventricle	
434 3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral Hydrothorax, Fibrous Pericarditis	
90 ((c) Pulmonary Congestion & Edema	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Brain	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

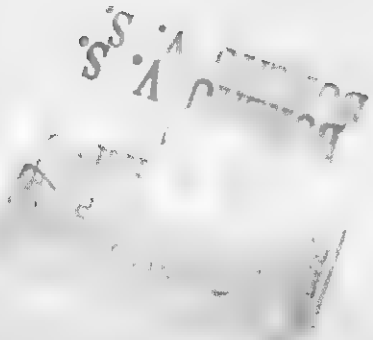
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Geo. J. McLaughlin M.D. Asst. Med. Examiner Balto. | ADDRESS: 1010 Leeds ave | DATE SIGNED: Aug 27 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE/THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 28	London Park	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 27 51	Geo. J. McLaughlin M.D.	John I. Stansbury	2700 Edmondson ave

VS-A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07743

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Ingleside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eli (Middle) J (Last) Clagett
4. DATE OF DEATH: (Month) (Day) (Year) 8-7-51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	1855	96 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Never worked entire life	None	Baltimore Co. Md	

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Wm. Clagett, Charlestown, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarcation	30 mos.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	Unknown
94a	(c) Arterio Sclerosis, Sen.	unknown
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.	Hemiplegia, left, old	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 25, 1950, to Aug 7, 1951, that I last saw the deceased alive on Aug 7 2, 1951, and that death occurred at 7 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Lee Haines MD		Catonsville 28	8-7-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-9-51	Loudon Park	Baltimore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-8-51	V. E. Harry	F.C. Higinbothom	Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
LENGTH OF STAY (in this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 320 Westowne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
STREET ADDRESS (If rural, give location) 320 Westowne Rd.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E. (Last) Condon

4. DATE OF DEATH (Month) Aug. (Day) 3, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH: Sept. 1, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bridgeton, N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Issac . . Allen

14. MOTHER'S MAIDEN NAME: Lidia E. Loper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS: Allen Condon 320 Westowne Rd. (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset and Death: 3 days

331X Antecedent cause(s) 88a — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage — 10 Mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to Aug. 3, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at 7 45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. P. Von Schweinitz — ADDRESS 4818 Edmondson Ave — DATE SIGNED 8/3/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Aug. 6, 1951 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Balto, Md. (State)

DATE REC'D BY LOCAL REG. 8/6/51 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: John T. Stansoury 2700 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 49 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 136 N. Edgewood Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) CONWAY

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-14-96

9. AGE last birthday: 55 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank J. Conway

14. MOTHER'S MAIDEN NAME: Mary Jane Leakin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHOPNEUMONIA — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Parkinsonism — Unknown

(c)

350 X 108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1951, to Aug. 21, 1951, [redacted] and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE, (Degree or title) Harold J. Fidler, M.D. ADDRESS VAH Fort Howard, Md. DATE SIGNED 8-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Aug. 25/51 NAME OF CEMETERY OR CREMATORY Cathedral LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/23/51 REGISTRAR'S SIGNATURE C W Aldrich

24. FUNERAL DIRECTOR ADDRESS Rita Wiodefeld 900 E. Biddle St. Balto. Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton; MARYLAND; LENGTH OF STAY (In this place) 24 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Maywood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton; STREET ADDRESS (If rural give location) Maywood Ave.

3. NAME OF DECEASED (Type or Print): (First) Maria (Middle) Concetta (Last) Costa

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Dec. 8 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Rossario Gagliano

14. MOTHER'S MAIDEN NAME: Dominica Cabbiba

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: (Son) Anthony Costa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Heart disease (vascular) with occlusion	5 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis with hypertension	10 yrs.
	(c) Diabetes mellitus	20 yrs.

260 X 51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Leukemia, myelogenous — Unknown

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1936, to Aug. 12, 1951, that I last saw the deceased alive on Aug. 12, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin L. Hudson M.D. ADDRESS Towson Md DATE SIGNED 8/12/51

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial; DATE Aug. 16, 1951; NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic Cem.; LOCATION (City, town, or county) (State) Texas, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 8-12-51; REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 14 1951
BUREAU V. S.

Dr. T. J. Brennan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

747

Reg. Dist. No. 3J-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Parkville; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7808 Wendover Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 7808 Wendover Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Antonio (Anthony) Dattoli, Sr.

4. DATE OF DEATH (Month) (Day) (Year): August 1st 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 10, 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Terrazo Helper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dominic Dattoli

14. MOTHER'S MAIDEN NAME: Lucy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-03-9333

17. INFORMANT AND ADDRESS: Mrs. Frances Dattoli, 7808 Wendover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lymphosarcoma lung & pleura & massive pleural effusion.

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Aug 1, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas J. Brennan, M.D. 5217 Harford Rd Balto 14 Md. 8-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-4-51

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 8/3/51

REGISTRAR'S SIGNATURE: Mrs. Hadwell

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Liberty Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) DeLacour

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 51

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 9.27.

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Family - Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio Sclerosis — 4113X 7.2

(c) Arterial Hypertension — —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1944, to Aug 3, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. E. Nichols M.D. — ADDRESS: Upper Marlboro Md. — DATE SIGNED: 8/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 8.6.51 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. 8/4/51 — REGISTRAR'S SIGNATURE: W. E. Nichols

24. FUNERAL DIRECTOR: Thos L. McGuire — ADDRESS: 130 E. Fort Ave.

RECEIVED
AUG 8 1951
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7741

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore-19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3008 Wells Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN as
STREET ADDRESS # 1 (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) J. (Last) DICKINSON.
4. DATE OF DEATH: (Month) Aug. (Day) 21. (Year) 1951
5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Jan 31. 1864 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY: Medicine
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James A. Dickinson
14. MOTHER'S MAIDEN NAME: Elizabeth (last unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Albert V. Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility	20 yr.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	20 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Inguinal hernias. — 34 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 34, to Aug. 13, 1951, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Louis H. Tollin. M.D. 6908 North Point Rd. Balto 19 — 8/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug 28 1951 | NAME OF CEMETERY OR CREMATORY: Greenmount | LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. 8/23/51 | REGISTRAR'S SIGNATURE: A. G. Lechner | 24. FUNERAL DIRECTOR: Albert Hall Funeral Home | ADDRESS: 2112 Lauriel St.

VS. A13

(10)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07750

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 648 Orpington Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 648 Orpington Road

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) F. (Last) Dietz

4. DATE OF DEATH: (Month) Aug. (Day) 15/51 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 16, 1893

9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Arrniger & Co.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew J. Dietz

14. MOTHER'S MAIDEN NAME: Christina M. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Ada S. Dietz, 648 Orpington Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary occlusion	Sudden
426.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13d	(b) Arteriosclerotic heart Disease	about 3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to Aug 15, 1951, that I last saw the deceased alive on August 1 1951, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE: Leo J. Gava (Degree or title) M.D. ADDRESS 1 Mallow Hill Ave, Balto, Md DATE SIGNED 8/17/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: Aug. 18/51 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Baltimore 29, Md.

DATE REC'D BY LOCAL REG.: 8/17/51 | REGISTRAR'S SIGNATURE: R W Hedrick | 24. FUNERAL DIRECTOR: Harry A. Weitzel | ADDRESS: 410 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

51

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bayview Hosp Bear Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) Rt 318 DeBoy ave.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Dix.

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div
8. DATE OF BIRTH: Oct 25, 1920
9. AGE last birthday: 30 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer
10b. KIND OF BUSINESS OR INDUSTRY: Arrods Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo H Dix
14. MOTHER'S MAIDEN NAME: Mattie A Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Mattie A Dix Sparrows Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning. — Instant.

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) accidental. — Instant.

2 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Bear Creek.
(CITY OR TOWN) Waters Jct upper Bear Creek (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Aug (Day) 13 (Year) 51 (Hour) 4 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell out of boat, while fishing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J McCormick M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 md. 8/13/51

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 8/17/51 NAME OF CEMETERY OR CREMATORY St. Johns LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8-15-51 REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS

Item 8 FilmC135 8/22/51 ww

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimoro — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 735 S. Glover St.

3. NAME OF DECEASED (Type or Print): (First) ADAM F. (Middle) DOMBROWSKI (Last) (also DABROWSKI)

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/5/~~83~~75

9. AGE last birthday: 56 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chipper (copper Co.)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Dabrowski

14. MOTHER'S MAIDEN NAME: Frances [illegible]unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHOGENIC CARCINOMA — Interval Between Onset and Death: UNKNOWN

162 X 47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1951, to Aug. 8, 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 5.25P m., from the causes and on the date stated above.

SIGNATURE: Hen G Coma (Degree or title) MD ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 8-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/13/51 | NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery | LOCATION (City, town, or county) (State): German Hill Rd., Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/10/51 | REGISTRAR'S SIGNATURE: a W Pedrick | 24. FUNERAL DIRECTOR ADDRESS: Walter Dabrowski Funeral Home, 6224 Eastern Ave Baltimore, Maryland

JT

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MARYLAND STATE DEPARTMENT OF HEALTH 52 07753

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 yr. 6 mo. 2da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1614 E. Oliver Street

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) C. (Last) Donnelly

4. DATE OF DEATH (Month) August (Day) 13, (Year) 1951

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH April 16, 1893 | 9. AGE last birthday 58 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Edward Donnelly | 14. MOTHER'S MAIDEN NAME Rusha Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mrs. Thelma Bargers 1614 E. Oliver St.-Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio respiratory failure	2 days
	Cerebral hemorrhage	1 wk.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease	several yrs.
	(c) Generalized arteriosclerosis	several yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 6, 1951, to August 13 1951 that I last saw the deceased alive on August 13, 1951, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hermann Greene MD | ADDRESS Spring Grove State Hosp. Catonsville 28, Maryland | DATE SIGNED 8/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8/16/51 | NAME OF CEMETERY OR CREMATORY Western | LOCATION (City, town, or county) Edmonston (State) Md

DATE REC'D BY LOCAL REG. 8/16/51 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Paul E. Lehmann | ADDRESS 4200 Chestnut Ave.

VS-ATS

4/1-X
7 pd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7754

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 201 N. Stuart Ave

3. NAME OF DECEASED (Type or Print): (First) MOLLIE (Middle) I (Last) EATON

4. DATE OF DEATH: (Month) Aug (Day) 1st (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Aug-8-1880

9. AGE last birthday: 70 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto., Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo D. Sewell

14. MOTHER'S MAIDEN NAME: Mary Yeager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Thomas Eaton (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

260X (b) Arterio-sclerotic Cardio-vascular-Renal

61 (c) Disease ; Diabetes

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to Aug 1st, 1951, that I last saw the deceased alive on Aug 1st, 1951, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F. White, M.D. 432 Eastern Ave, Baltimore 21, Md 8/3/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE: Aug 4-1951

NAME OF CEMETERY OR CREMATORY: Mt Carmel

LOCATION (City, town, or county) (State): Balto., Md

DATE REC'D BY LOCAL REG. 8/3/51

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: John G. Connelly - 418 Eastern Ave Balto 21 Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

55

Reg. Dist. No. 41

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Raven Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (5)
STREET ADDRESS (If rural, give location) 1847 Freedom Way

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HENRY (Last) EDWARDS

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov. 12, 1910

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLEANER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL

11. BIRTHPLACE (State or foreign country): STEUBENVILLE, OHIO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Hiram Edwards

14. MOTHER'S MAIDEN NAME: Anna Winship

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-07 2389

17. INFORMANT: Ruth Rice Edwards - Widow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes mellitus

260X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Insulin shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) William V. Scott — ADDRESS 700 Fleet St., Baltimore 2, Md. — DATE SIGNED August 16, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 8/18/1951 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) (State) BALTO. CO., MD

DATE REC'D BY LOCAL REG. Aug 17-1951 — REGISTRAR'S SIGNATURE William M. Kelly — 24. FUNERAL DIRECTOR — ADDRESS Worth Towle Funeral, Randallstown, Md.

[illegible] V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 923 Wample Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural, give location) 923 Wample Rd.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Barbara (Last) Ermer

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-23-1898

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George A. Kaegel

14. MOTHER'S MAIDEN NAME: Marie A. Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ernest W. Ermer 923 Wample Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c) Diabetes Mellitis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Gangrene, right foot.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Aug., 1951, that I last saw the deceased alive on 25 Aug 1951, and that death occurred at 3:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles M. Kerr M.D. 6801 Belair Rd. 28 Aug 51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-1-1951

NAME OF CEMETERY OR CREMATORY: Baltimore

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 8/31/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: John G. Moran 3000 E. Baltimore St.

Item 18 FilmG135 8/215/ rts

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11757

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

#51-11541

VS-415A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home - 115 Forrest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: 115 Forrest Drive — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 115 Forrest Drive

3. NAME OF DECEASED (Type or Print): (First) MARK (Middle) (Last) EVANS

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9/21/51

9. AGE last birthday: 11 mos. yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kenneth Evans

14. MOTHER'S MAIDEN NAME: Ellen Flint

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Kenneth Evans 115 Forest Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) INTERSTITIAL PNEUMONIA 8/21/51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Stanley H. Dunladen M.D. Assistant Medical Examiner
ADDRESS: 700 Fleet Street
DATE SIGNED: August 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 8/8/51
NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY
LOCATION (City, town, or county) (State): Balto Co MD

DATE REC'D BY LOCAL REG.: 8-8-51
REGISTRAR'S SIGNATURE: a Wiedeck

24. FUNERAL DIRECTOR: CHARLES F. EVANS & SON
ADDRESS: 118 W Mt. Royal Ave.

#31-154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 223 Mt. de Sales Road.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Marie (Last) Fenwick

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 29-1905

9. AGE last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carmelio Tudominello

14. MOTHER'S MAIDEN NAME: Rose Dinoragusio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. (INFORMANT AND) ADDRESS: Ernest Frank Fenwick 223 Mt. de Sales Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Breast

Antecedent cause(s) 170X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Bronchopneumonia
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 0, 1946, to Aug 8, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at 2:45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Nellie Fearing M.D. 1429 W Fayette St 8/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 10-1951 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 8-9-51 | REGISTRAR'S SIGNATURE: C. W. Detrich

24. FUNERAL DIRECTOR: Wm. Mus. John F. Tenley & Son | ADDRESS: 5311 Edmondson Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7759

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 Hanover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 34 Hanover Rd.

3. NAME OF DECEASED (Type or Print): (First) Fayette (Middle) Frazier (Last) Freeland
4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1951

5. SEX: [illegible]
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 20, 1869
9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Rug Mfr.
11. BIRTHPLACE (State or foreign country): Prince Frederick, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jas. Freeland
14. MOTHER'S MAIDEN NAME: Wilhelmine Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT: Mrs. Carolyn Foster As Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition

581.0 / 634.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of the Liver — 8 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to 8/24, 1951, that I last saw the deceased alive on 8/23, 1951, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin E. Strobel M.D. Reisterstown Md. 8/24/51

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

[illegible] | 8/27/51 | Loudon Park Cem. | Baltimore Md.

DATE REC'D BY LOCAL REG. Aug 26 1951 | REGISTRAR'S SIGNATURE Ann Hedrick

24. FUNERAL DIRECTOR | ADDRESS

Wm. J. Tuckner & Sons Inc. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay, Baltimore 27, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years in Baltimore

Hospital, institution, or street address where death occurred:

Relay Sanitarium

How long in hospital or institution? 1 month 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 204 Cedarcroft Road

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Paul Dayo Freer

3.(b) Social Security Number: ?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Margaret M. Freer

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): May 29, 1870

8. AGE: Years: 81 Months: 2 Days: 25 If less than one day: ..... hrs. ..... min.

9. Birthplace: Newark, Ohio (Town, county, and state)

10. Usual occupation: Freight Traffic Manager

11. Industry or business: B. & O. RR - Retired

FATHER 12. Name: Charles Freer

13. Birthplace: Warren, Ohio

MOTHER 14. Maiden name: Annette Metcalf

15. Birthplace: Newark, Ohio

16. Informant: Mrs. Dawson Reeder

Address: 100 W. 39th St. Balto, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 27, 1951 (month) (day) (year)

Cemetery or crematory: Loraine Mausoleum

Location: Woodlawn, Md.

18. Funeral director: Wm. J. Tucker & Sons Inc

Address: North & Lemmon Ave. - Balto.

19. Aug 26 1951 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 24 1951 at 12:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1951 to August 23 1951 and that I last saw him alive on August 22 1951

Immediate cause of death: CEREBRAL HEMORRHAGE

Accident

Due to: ARTERIO-SCLEROTIC CARDIO VASCULAR DISEASE

Due to: HYPOSTATIC PNEUMONIA

Other conditions: Remains

4/25/1

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D., or other

Address: [illegible] Date signed: 8/29/51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07761

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Locust Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 24 Locust Drive

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) LEROY (Last) GEER

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 16, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/27/98

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector U. S.

10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Agriculture

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph T. Geer

14. MOTHER'S MAIDEN NAME: Sarah Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Eloise Geer 24 Locust Drive Catons. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ARTERIOSCLEROTIC CORONARY OCCLUSION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTROPHIC CARDIAC SCLEROSIS

(c) ARTERIOSCLEROSIS

356.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CANCER

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 7/1/51, to 8/16/51, that I last saw the deceased alive on 8/15/51, and that death occurred at 3:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 701 Clarin Apts. 8/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/18/51

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Woodlawn Maryland

DATE REC'D BY LOCAL REG. 8/17/51

REGISTRAR'S SIGNATURE: W. E. Harry

24. FUNERAL DIRECTOR: Eastton Sons ADDRESS: Catonsville, Md.

RECEIVED
AUG 1921
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1856 Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural give location): 1856 Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) May (Last) Gore

4. DATE OF DEATH: (Month) AUG (Day) 25 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 6 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Keller

14. MOTHER'S MAIDEN NAME: Hannah Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Charles New Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured left hip — INTERVAL BETWEEN ONSET AND DEATH: 25 days

963.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Unsteadiness from age. — —

186a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Senility & Hard

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident X — PLACE (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Pikesville — (COUNTY): Balto — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-30 51 m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? Fell on Kitchen floor

22. I hereby certify that I attended the deceased from July 30, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: C E Nichols — (Degree or title): MD — ADDRESS: Pikesville Md — DATE SIGNED: 8-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 27 1951 — NAME OF CEMETERY OR CREMATORY: Stone Chapel Cemetery — LOCATION (City, town, or county): Pikesville — (State): Md

DATE REC'D BY LOCAL REG.: Aug. 27, 1951 — REGISTRAR'S SIGNATURE: Leo Nichols

24. FUNERAL DIRECTOR: Wm Berryman & Sons Reisterstown Md — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 626 Harlem Lane

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) H. (Last) GREEN

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-7-90

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal (unemployed)

10b. KIND OF BUSINESS OR INDUSTRY: SHEET METAL

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Green

14. MOTHER'S MAIDEN NAME: Cecelia White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR DISEASE	unknown
	(c)	

414.3 X 13 d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia due to cerebral hemorrhage

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to Aug. 9, 1951, [illegible], and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 8-10-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Aug 13, 1951; NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8-13-51; REGISTRAR'S SIGNATURE C A Deduck

24. FUNERAL DIRECTOR; ADDRESS: Howard Blight Funeral Home 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

VS. A15

Item 19b Film G135 9-4-51 - ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY in this place 46 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 248 N. Dallas Court

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) S. (Last) GREEN

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-16-90

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Green

14. MOTHER'S MAIDEN NAME: Emma Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
527.2 Immediate cause	(a) POST OPERATIVE SHOCK	1 hour
56 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Pneumonectomy	15 hours
	(c) Chronic Pulmonary Infection, Left	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 8-24-51

19b. MAJOR FINDINGS OF OPERATION: Tumor, left lung (not malignant) (9-4-51 ams)

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951, to Aug. 25, 1951, that I last saw ~~XXXXXXXXXXXXXXXXXX~~ alive on ~~XXXXXXXXXXXXXXXXXX~~, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett (Degree or title) M.D. ADDRESS: VAH, Fort Howard, Md. DATE SIGNED: 8-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 8/28/51; NAME OF CEMETERY OR CREMATORY: Baltimore National; LOCATION (City, town, or county) (State): Frederick Rd. Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/27/51; REGISTRAR'S SIGNATURE: D.W. Hedrick

24. FUNERAL DIRECTOR: Mrs. Robt. Elliott & Daughter; ADDRESS: 1129 N. Caroline St. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1765

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Balto. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 109 Belmar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 109 Belmar Ave

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) J. (Last) Greiser

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 23 1893

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fitting dept.

10b. KIND OF BUSINESS OR INDUSTRY: Gas Elect. Co.

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel W. Greiser

14. MOTHER'S MAIDEN NAME: Barbara M. Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): War I

16. SOCIAL SECURITY NO.: 212-05-4304

17. INFORMANT AND ADDRESS: Helen D. Isaac 109 Belmar Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Sclerosis - Arteriosclerosis

(c) Right Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1950, to Aug 1, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 2.30 A.m., from the causes and on the date stated above.

SIGNATURE: Walter A. Anderson (Degree or title) ADDRESS: 300 Shannon Drive (13) DATE SIGNED: 8/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: AUG 4 1951 | NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM | LOCATION (City, town, or county): 4430 BELAIR RD (State): MD

DATE REC'D BY LOCAL REG.: 8/1/51 | REGISTRAR'S SIGNATURE: A W Fedus

24. FUNERAL DIRECTOR ADDRESS: Dipple Bro 7110 BELAIR RD

VS. Ar15

MARYLAND STATE DEPARTMENT OF HEALTH 7766

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texas — LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: York Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texas, Cockeysville P.O.
STREET ADDRESS (If rural give location): York Road

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) G (Last) Griffin

4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 2, 1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Rosewood School

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Grafton Griffin

14. MOTHER'S MAIDEN NAME: Margaret Ann Gayhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Edwin M. Bosley, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, acute congestive failure	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	Unknown
	(c)	

422.2
93.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Rollin C. Hudson M.D., D.M.E. — Towson, Md. — 8/19/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 21, 1951 — NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery — LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG. 8-19-51 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place) 4 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keswick Home	STREET ADDRESS (If rural give location) 3000 Walbrook Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs	Sara	Estelle	Griffiss	Aug.	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White		March 1-1858	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife-married	Own home	Richmond Co. Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Tate	Eliz. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 14, 1948, to Aug 3, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kuss M.D.	Rockville Md	8/3/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/6/51	Druid Ridge Cemetery	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/6/51	Laura M. Schroeder	Wm. Cook	St. Paul & Preston St

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7768

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm | LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location) Glen Arm P.O.

3. NAME OF DECEASED (Type or Print): (First) LOTTIE (Middle) SWEENEY (Last) GRILL
4. DATE OF DEATH: (Month) August (Day) 14, (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 29, 1872
9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hou. Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Stewart
14. MOTHER'S MAIDEN NAME: Eliza Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. Richard J. Marshall (Nephew)

18. MEDICAL CERTIFICATION: 41 E. Barney St., Balto 30, Md.

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 1 wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerotic Heart Dis. 2 yrs

420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1951, to Aug. 14, 1951, that I last saw the deceased alive on Aug. 13, 1951, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Clifford F. Hudson M.D. | Fork Md. | 8/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Fri. Aug. 17, 1951 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Anne Arundel County, Md.

DATE RECD BY LOCAL REG.: 8/15/51 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: A. Howard Evans | ADDRESS: A. HOWARD EVANS. 1400 S. Charles St., Balto. 30, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 69

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 2 yrs. 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1809 Bond St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VICTORIA	DONA	GRUSZCZYNSKI	August	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Mar. 5, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Poland-Austria	no

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Harnack	Rosa (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	12 hours
420.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Arteriosclerotic heart disease	Sev. yrs.
	(c) Senile arteriosclerotic nephrosclerosis	Sev. yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Sev. yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 27, 1949, to Aug. 7, 1951, that I last saw the deceased alive on Aug. 7, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Greene (Degree or title) M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-7-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 11/51	St. Stanislaus	Baltimore	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-9-51	a le Hedrick	Fred M. Ozarowski	1930 Eastern Ave

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7710

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fleetwood Road — LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Raysville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton Rural
STREET ADDRESS (If rural, give location) Raysville Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marion	Ray.	Feuchter	Dec.	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W		12-6-1907	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator	Construction	Baltimore Co.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Denton Feuchter	Minnie Hull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no no	220-09-8437	Mrs Martha Feuchter, Parkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

151X
4610

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 1950	Carcinoma of stomach	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. , 1950, to Aug. 11, 1951, that I last saw the deceased alive on Aug. 10, 1951, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Porterfield	M.D	HAMPSTEAD, Md	8/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8-14-51	Ivan Memorial	Parkton, Balto Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/13/51	Wm. J. Chilcoat	J. Scott Cooke	Parkton, Md.

RECEIVED
AUG 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 21 yrs., 10 mths., 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY		HARKINS	August	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	February 12, 1869	82 yrs.	5	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Pennsylvania	U. S.

13. FATHER'S NAME: John Puff

14. MOTHER'S MAIDEN NAME: Mary Florrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Hospital Records, Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bilateral pneumonia	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 4630.0	(b) Generalized arteriosclerosis	
	(c) Senility	
	Avitaminosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 9, 1951, to Aug. 10, 1951, that I last saw the deceased alive on Aug. 10, 1951, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE: Joseph D. Lichtenberg (Degree or title) M.D. — ADDRESS: Spring Grove State Hospital, Catonsville 28, Md. — DATE SIGNED: 8-10-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 13-1951	Cat. Lawn Mem.	Balto Co Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 11-1951	R.W.	John D. Emrich	418 E. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Barberry Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station
STREET ADDRESS (If rural, give location) 300 Coldfax Way

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) HARRIS
4. DATE OF DEATH: (Month) August (Day) 19 (Year) 19 51
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Sept 22, 1928
9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jake Wells
14. MOTHER'S MAIDEN NAME: Nora Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Nora Blocker — 302 Coldfax Way

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status asthmaticus — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 493 X 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

William V. Lord M.D. — 700 Fleet St., Baltimore 2, Md. — August 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/23/51 — NAME OF CEMETERY OR CREMATORY: Mount Auburn — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 8/22/51 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Charles K. Law - 802 Madison Ave

JT

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Baltimore — MD., MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARKville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8807 FEARN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARKVILLE
STREET ADDRESS (If rural give location): 8807 FEARN AVE

3. NAME OF DECEASED (Type or Print): (First) ROSE (ROSA) (Middle) A. (Last) HARRIS

4. DATE OF DEATH: (Month) AUG (Day) 25 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT 16, 1897

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RANSOMVILLE N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. CHARNEY KINION

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: DAVID O. HARRIS - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 7days

443X Antecedent cause(s) (b) Arteriosclerotic Hypertensive Cardiovascular disease — 7

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug. 25, 1951, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 6217 Harford Rd — DATE SIGNED: 8/25/51

23. BURIAL, CREMATION / REMOVAL (Specify): BURIAL — DATE: 8/28/51 — NAME OF CEMETERY OR CREMATORY: PARKWOOD — LOCATION (City, town, or county) (State): Taylor Ave Md.

DATE REC'D BY LOCAL REG.: 8/27/51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Mrs. Mildred T. Blight — ADDRESS: 6009 Harford Rd

DM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

60217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07773

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Maryland MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place) 12 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6850 Belclare Roaad

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Bal~~ Dundalk; STREET ADDRESS (If rural give location) 6850 Belclare Road

3. NAME OF DECEASED (Type or Print): (First) HANS (Middle) (Last) HARTMANN

4. DATE OF DEATH: (Month) (Day) (Year) August 11, 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: July, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Herman Hartman

14. MOTHER'S MAIDEN NAME: Paula Brandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Pierre West- 6850 Belclare Road, Dundalk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Penis — 2 years

1494 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 July, 1951, to 11 Aug., 1951, that I last saw the deceased alive on 10 Aug., 1951, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. W. Dallwd M.D. 2900 Duncan Rd Dundalk-Md. 11 August 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/13/51 | NAME OF CEMETERY OR CREMATORY Har Sinai | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8-13-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Sol. Levinson & Bro. | ADDRESS 1124-26 W. North Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7307 Martell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7307 Martell Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) LAWRENCE (Last) HEINLEIN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 31, 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Chemical Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Heinlein

14. MOTHER'S MAIDEN NAME: Elizabeth Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: 218-01-5623

17. INFORMANT AND ADDRESS: Mrs. Berrtha Keller 7307 Martell Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases to the bones

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia - Severe

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 24, 1951, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen C. Mackowiak M.D. 6714 Holabird Ave Aug 25, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug 28, 1951

NAME OF CEMETERY OR CREMATORY: Oak Lawn

LOCATION (City, town, or county) (State): Colgate, Md.

DATE REC'D BY LOCAL REG.: 8/27/51

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1575

Reg. Dist. No. 3/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville; STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Mae (Last) Herrera

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1951 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 18 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian E. Sauter

14. MOTHER'S MAIDEN NAME: ----- Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J. Garfield Herrera, Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462 (b) Carcinoma of Colon

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to 8/14/, 1951, that I last saw the deceased alive on 8/13/, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 8/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 17, 1951

NAME OF CEMETERY OR CREMATORY: Ward's Chapel

LOCATION (City, town, or county) (State): Holbrook, Md.

DATE REC'D BY LOCAL REG. 8/15/51

REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: Beer & Haight

ADDRESS: Sykesville, Md.

[illegible]
AUG [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point; LENGTH OF STAY (In this place) 16 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 432 F. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point; STREET ADDRESS (If rural give location) 432 F. St.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (MAGGIE) (Last) HOCK

4. DATE OF DEATH: (Month) August (Day) 20, (Year) 1951.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 7, 1858

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Schindhelm

14. MOTHER'S MAIDEN NAME: Mary Ann Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. James A. Carlin 432 F St. Sparrows Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinomatosis	6 mos.
420.0 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. ..., 1951, to Aug. 20, 1951, that I last saw the deceased alive on Aug. 20, 1951, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Means M.D. 520 N. St. Sp. Pt. Md 8/21/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: August 23 1951

NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

LOCATION (City, town, or county) (State): 4701 German Hill Rd., Balto., Co.

DATE REC'D BY LOCAL REG. 8/23/51

REGISTRAR'S SIGNATURE: C W Goodwin

24. FUNERAL DIRECTOR: Charles D. Zeile ADDRESS: 901 S. Conkling St.

72552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1077

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Hall
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Rd & Walter Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Hall
STREET ADDRESS (If rural, give location) Belair Rd & Walter Ave

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) A. (Last) Hoffmeister

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 24 1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: OWN Farm

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: August Hoffmeister

14. MOTHER'S MAIDEN NAME: Margaret M. Sebling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Anna Hoffmeister Belair Rd & Walter Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 1, 1951, to Aug 1, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS Balto DATE SIGNED 8/2/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/3/51 — NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery — LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 8/3/51 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS Lansdale Funeral Home 7401 Belair Rd.

VS/A1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 355 Stillwater Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) (Last) Hagen
4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White.	Single.	May 3 88	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Garbage Truck	Maryland. Balto.	U.S.A.

13. FATHER'S NAME Conrad Hagen
14. MOTHER'S MAIDEN NAME Kunigunda Doerfler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Mrs. Margaret Hagen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 15m.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 15 51 12:50 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.M. Carmine M.D. Deputy Medical Examiner Co. Dundalk 22 md 8/15/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug-18-1951	Holy Redeemer Cem.	Catonsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-17-51	Ida W Redyeh	Jos J Conway	418 East [illegible]

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baldwin Balto Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; LENGTH OF STAY (in this place) 3 1/2 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eliza (Middle) Jane (Last) Holland

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify)

8. DATE OF BIRTH May 15-1867

9. AGE Last birthday 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Hemrock

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Bernie C. Holland Baldwin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Insufficiency — 2 yrs

(c)

4222 — a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1940, to Aug 10, 1951, that I last saw the deceased alive on Aug 9, 1951, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE Walter M Emmett (Degree or title) ADDRESS Baldwin DATE SIGNED 8-12-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF aug 13-51 — NAME OF CEMETERY OR CREMATORY St. Johns Catholic — LOCATION (City, town, or county) (State) Longreen Md.

DATE REC'D BY LOCAL REG. aug 11 — REGISTRAR'S SIGNATURE C. E. Arthur D. Loc. Reg. — 24. FUNERAL DIRECTOR C. E. Arthur — ADDRESS Fork Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

781

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 Forrest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 124 Forrest Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Hormes

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 2, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Management engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John F. Hormes

14. MOTHER'S MAIDEN NAME: Annie Depro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ellen W. Hormes 124 Forrest Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis and infarction

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive + arteriosclerotic cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov., 1948, to 1 Aug., 1951, that I last saw the deceased alive on 1 Aug., 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE: Emil H. Henning (Degree or title) MD ADDRESS 601 Winans Way DATE SIGNED 2 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 8 - 4 - 51

NAME OF CEMETERY OR CREMATORY: Baltimore

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: 8/3/51

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John C. Mitchell & Sons, Inc. - 1900 Eutaw Place ADDRESS

M B Mitchell

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville; MARYLAND; LENGTH OF STAY (in this place): 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 21 Clarendon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville; STREET ADDRESS (If rural, give location): 21 Clarendon Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elias	Price	Howard	Aug.	4	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11/22/1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	for self	Balto. Co., Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Price Howard	Rebecca Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Arthur Krauch, Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Arterio Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

97 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

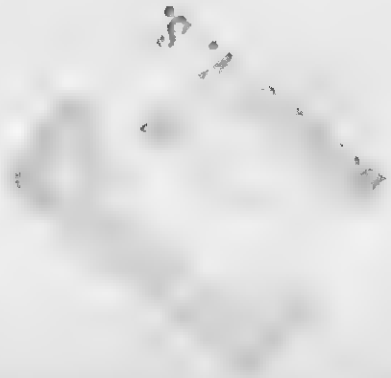
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from several years, 19....., to Aug. 4, 19 51, that I last saw the deceased alive on Aug. 4, 19 51, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: E. E. Nichols (Degree or title) M.D. ADDRESS: Pikesville, Md. DATE SIGNED: 8/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/7/51	Druid Ridge	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/7/51	Dr. E. E. Nichols	Frank H. Newell, Pikesville, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
LENGTH OF STAY (in this place) 45 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural, give location) Ruxton Road

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Wistar (Last) Huey

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Philadelphia, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: General Pennock Huey

14. MOTHER'S MAIDEN NAME: Elizabeth Wistar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Florence Huey, Ruxton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis, Cerebral arteriosclerosis. Age. Extensive infectious arthritis. Subacute bronchiectasis, left lower lobe.

(c) Emphysema.

1 2 0.0 1 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 19 46, to August 30, 1951, that I last saw the deceased alive on Aug. 30, 19 51 and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE B.H.Rutledge, M.D. (Degree or title) ADDRESS 18 E. Eager St., Balto. 2, Md. DATE SIGNED 9/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 4/51

NAME OF CEMETERY OR CREMATORY: Woodlands Cemetery

LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE REC'D BY LOCAL REG. Sept 1st 1951

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR: H. W. Mears & Son, ADDRESS 805 North Calvert St.

(3)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07784

CERTIFICATE OF DEATH

Reg. Dist. No. 3-0

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4805 Frederick Ave.

3. NAME OF DECEASED (Type or Print) (First) George A. (Middle) Hush (Last)

4. DATE OF DEATH (Month) Aug. (Day) 17 (Year) 51 19

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 30, 1877 | 9. AGE Last birthday 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brush Maker | 10b. KIND OF BUSINESS OR INDUSTRY Pittsburgh Plate Glass Co. | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ------Hush | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Augusta Hush, 4805 Frederick Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 3 days

4413 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Hypertensive Cardio-Vascular Disease — 10 yr.

(c) Bronchial asthma — 20 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1946, to Aug. 17, 1951, that I last saw the deceased alive on Aug. 17, 1951, and that death occurred at 7.15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William K. Goldberger M.D. Catonsville 28, Md. 8-20-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 20/51 | NAME OF CEMETERY OR CREMATORY Western. Edmondson Ave. & Longwood St. | LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 8/20/51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Henry A. Leitz | ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07785

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: BALTIMORE

City or town: TOWSON

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MD. County: BALTIMORE

City or town: TOWSON

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 220 ENSOR AVE

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: ELIZA ELLEN JAMES

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	W

8.(b) Name of husband or wife: GEORGE JAMES

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): JUNE 13, 1876

8. AGE: Years: 76 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: TOWSON, MD (Town, county, and state)

10. Usual occupation: DOMESTIC

11. Industry or business: HOME

FATHER — 12. Name: WILLIAM H SMITH

13. Birthplace: MD

MOTHER — 14. Maiden name: ROSETTA JOHNSON

15. Birthplace: MD

16. Informant: JOSEPH JAMES

Address: 220 ENSOR AVE

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/5/51 (month) (day) (year)

Cemetery or crematory: Pleasant Rest

Location: Towson, Md.

18. Funeral director: Charles A. Rice

Address: 661 W. Barre st

19. 9/4/57 (Date rec'd by registrar) A W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 31 19 57 at 10.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30 19 49 to August 21 19 57

and that I last saw h... alive on August 21 19 57

	DURATION
Immediate cause of death: Pneumonia Uremia	
Due to:	3 yrs
Due to:	
Other conditions: Acute Cystitis	
(Includes pregnancy within 3 months of death)	

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Louis J Fleeman M.D. M. D. (or other)

Address: 2329 Guilford Ave Date signed: Sept 3-57

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1786

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkins Point — LENGTH OF STAY (In this place) 2 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 910 F. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY B
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City-16
STREET ADDRESS (If rural, give location) 3703 Cheshalm Rd.

3. NAME OF DECEASED (Type or Print): (First) Knut — (Middle) Harold — (Last) Johnsson
4. DATE OF DEATH: (Month) Aug — (Day) 15 — (Year) 51

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 9/1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Govt Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernhard Johnsson
14. MOTHER'S MAIDEN NAME: Amanda Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: 219-07-1260
17. INFORMANT: Harald Johnsson

18. MEDICAL CERTIFICATION — 910 F. Street

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Disease	Over 15 yrs.
420.1	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 15-51 7 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. M. Carmine M.D. — (Degree or title): Deputy Medical Examiner — ADDRESS: Balto Co. Dundalk 22 Md — DATE SIGNED: 8/15/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 18-1951 — NAME OF CEMETERY OR CREMATORY: Sparrows Cemetery — LOCATION (City, town, or county) (State): Balto - Md.

DATE REC'D BY LOCAL REG.: 8-17-51 — REGISTRAR'S SIGNATURE: A. A. Hedrick — 24. FUNERAL DIRECTOR: Ellsworth Armacost — ADDRESS: 5118 Guyon Ct. Cat Air

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7787

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
LENGTH OF STAY (in this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
STREET ADDRESS (If rural give location) SUNSHINE AVE.

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) A Marie (Last) Kinlein

4. DATE OF DEATH: (Month) August (Day) 19th (Year) 1951

5. SEX: Fem. | 6. COLOR OR RACE: White | 7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: JULY 30 1900 | 9. AGE last birthday: 52 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK | 10b. KIND OF BUSINESS OR INDUSTRY: AT HOME. | 11. BIRTHPLACE (State or foreign country): BALTIMORE MD | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ARTHUR DEVERS | 14. MOTHER'S MAIDEN NAME: MAGDALENA. GROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT: JOSEPH KINLEIN SUNSHINE AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral vascular accident	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive and Arteriosclerotic Heart Disease	5 years.
420.0 9th	(c) Epilepsy.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1949, to Aug. 19, 1951, that I last saw the deceased alive on Aug. 19, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE John J. Noguera (Degree or title) M.D. | ADDRESS Kingsville, Md. | DATE SIGNED Aug. 20/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF Aug 23 1951 | NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY | LOCATION (City, town, or county) TAYLOR AVE | (State) MD.

DATE REC'D BY LOCAL REG. Aug 21-51 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Duffel Bros | ADDRESS 7110 BELAIR RD.

VST

O.K. 1 Cy
Dr. R.C. Hudson D.M.E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Towson; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1426 W. Joppa Road	STREET ADDRESS (If rural, give location) 1426 W. Joppa Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Paul	Klein	Aug.	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	MARRIED	2-11-1908	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Standard Oil Co	Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis P. Klein	Augusta O'Shea.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Elsie A. Klein - 1426 W Joppa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	3½ hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/25, 1951, to 8/25, 1951, that I last saw the deceased alive on 8/25, 1951, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank C Nelson M.D. ADDRESS 21 W. Mulberry St Baltimore DATE SIGNED 8/27/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-28-51	New Cathedral	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/27/51	D.W. Hedrick DM	L. J. Ruck 5305 Harford Rd.

7500 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2933 Westwood Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	CATHERINE	KOEHLER	Aug.	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Nov. 7, 1890	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machine Operator	Laundry	Maryland	

13. FATHER'S NAME: Henry Sacks

14. MOTHER'S MAIDEN NAME: Mary Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Lillian Wiest - 1644 Hardwick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Breast	7 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
November, 1944	Carcinoma of Breast	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from November, 1944, to August 28, 1951, that I last saw the deceased alive on 8/27, 1951, and that death occurred at 10:10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo Ackerman	- Physician	1201 Poplar Grove St	8/30/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/31/51	New Cathedral Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31		[illegible]	[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

390

Reg. Dist. No. 35~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS. A5

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location) York Rd.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Kutzberger.

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 1, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: ? Pohlman

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. John Gantzler, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 day

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— (c) ———

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29/51, to 8/3/51, that I last saw the deceased alive on 8/3/51, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mona Brother M.D. — ADDRESS White Hall, Md. — DATE SIGNED 8/6/51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 8, 1951 — NAME OF CEMETERY OR CREMATORY: Wiseburg Cemetery — LOCATION (City, town, or county) (State): White Hall, Md.

DATE REC'D BY LOCAL REG.: Aug 6 1951 — REGISTRAR'S SIGNATURE: Chester L. Fuller

24. FUNERAL DIRECTOR — ADDRESS: Jacob Hartenstein, New Freedom, Pa.

RECEIVED
AUG 10 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHARLESTOWN | LENGTH OF STAY (In this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS DEER PARK ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HOOPER'S ISLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) E (Last) LEGRAND SR
4. DATE OF DEATH: (Month) AUG (Day) 16 (Year) 19 51

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: AUG. 17 1870 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN | 10b. KIND OF BUSINESS OR INDUSTRY: SEAFOOD | 11. BIRTHPLACE (State or foreign country): HOOPERS ISLAND | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MR. MATTHEW BALDWIN LEGRAND | 14. MOTHER'S MAIDEN NAME: MRS. REBECCA EARLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): ? | 16. SOCIAL SECURITY NO.: ? | 17. INFORMANT AND ADDRESS: MRS. HENRY LEGRAND FARMER - HOOPERS ISLAND MD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CHRONIC CONGESTIVE HEART FAILURE	5 YRS.
443X Antecedent cause(s)	(b) HYPERTENSIVE C-V. DISEASE	15 YEARS.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 42.1	(c) SENILITY.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	NONE	

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG 15, 1950 to AUG 16, 1951, that I last saw the deceased alive on AUG 16, 19..., and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) MD ADDRESS [redacted] MD DATE SIGNED 8-16-51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE 8-18-51 | NAME OF CEMETERY OR CREMATORY New Haven Cem | LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 8/17/51 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR [redacted] ADDRESS [redacted] Balto Md

DMS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07792

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkeville Balto 14 — LENGTH OF STAY (in this place) 11½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2905 Taylor Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2908 Taylor Ave - Parkeville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E. (Last) Loane

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Dec 23-1893

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Md Matlack Co.

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Loane

14. MOTHER'S MAIDEN NAME: Mary E. Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-10-5738

17. INFORMANT: Mrs. Alice Loane - 2905 Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
974X Immediate cause	(a) Asphyxiation by hanging - Suicide	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Depression from arteriosclerotic heart disease and hypertension with cerebral hemorrhage	2 mo.
164a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) Rollin G. Hudson MD, DME ADDRESS Towson Md DATE SIGNED 8/22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/25/51 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 8/23/51 — REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR L J. Ruck — ADDRESS 5305 Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex. Balto 21. | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS 95 Poplar Rd (Cedar Beach)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13 - | STREET ADDRESS (If rural, give location) 3136 Ravenwood one

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Selma (Last) Lober

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem.	White	Widow	Feby 16 1859	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife.		Germany.	U.S.A.

13. FATHER'S NAME John H. Smith

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Joseph Lober.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcin. Vaginae Uteri.	25 Yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 31 51 3 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCarmone M.D. | (Degree or title) Deputy Medical Examiner | ADDRESS Balto. Co. Dundalk 22 Md. | DATE SIGNED 8/31/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/4/51	Balto	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/4/51	A W Hedrick	H. Cook Inc.	1217 St. Paul St.

VS. A15A

Lovell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5794

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY S; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2701 Guilford Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	VIRGINIA	LOVELL	Aug.	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Dec. 19, 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lutz	Anna Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. Dorothy Lovell Luzzi-4334 N. Charles St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Thrombosis	4 mos.
332X Antecedent cause(s)		
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)	Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 30, 1951, to Aug. 26, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. W. Frauenhoffer	M'D	Carleton Ind.	8/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 29, 1951	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/27/51	H. W. Medical Dir.	Wm. J. Pickner & Sons	Catonsville Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Po
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton. P.O.
STREET ADDRESS (If rural, give location) Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) M. (Last) Luskorn

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 19 51

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married.

8. DATE OF BIRTH: Aug. 2. 1864

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farm.

10b. KIND OF BUSINESS OR INDUSTRY: farm owner

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Luskorn

14. MOTHER'S MAIDEN NAME: Barbara Nagengast.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Mrs John M. Luskorn, Belair Rd Fullerton Po

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial pneumonia	1 wks.
492 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary edema	2 wks.
93	(c) Arteriosclerotic cardio-vascular disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

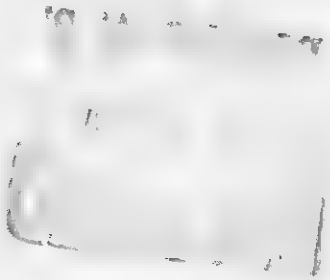
22. I hereby certify that I attended the deceased from 7 Aug, 19 51, to 14 Aug, 19 51, that I last saw the deceased alive on 14 Aug, 19 51, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE: Charles M Kerr (Degree or title) MD ADDRESS 6801 Belair Rd. DATE SIGNED 15 Aug 51.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/15/51 — NAME OF CEMETERY OR CREMATORY St. Joseph's Cem. — LOCATION (City, town, or county) (State) Balto Co. Md.

DATE REC'D BY LOCAL REG. 8-14-51 — REGISTRAR'S SIGNATURE H M Hammett — 24. FUNERAL DIRECTOR Lansdale Funeral Home — ADDRESS 7311 Belair Rd. Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3796

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, 30

STREET ADDRESS (If rural, give location) 1319 Clarkson St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	H.	Manner	8 -	22	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	May 27, 1905	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Balto City Park	Maryland	U.S.A.

13. FATHER'S NAME Charles H. Manner

14. MOTHER'S MAIDEN NAME Nancy Bookhultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis.	5 yrs.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	5 mo.
12 hr	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 13th, 1951, to Aug. 22, 1951, that I last saw the deceased alive on Aug. 22, 1951, and that death occurred at 5:50 p. m., from the causes and on the date stated above.

SIGNATURY. (Degree or title) ADDRESS DATE SIGNED

Milton B. Kress M.D., Eudowood Sanatorium, Towson 4, Maryland

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 25/1951	Mt Olivet	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/51	A W Hedrick	C. Howard Evans	1410 St Charles St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days, 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
STREET ADDRESS (If rural, give location) Box 241 ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) T. (Last) MANNING
4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4/30/1921	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Co.
11. BIRTHPLACE (State or foreign country): Westminster, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Manning
14. MOTHER'S MAIDEN NAME: Florence Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 217-12-2456
17. INFORMANT AND ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE PYELONEPHRITIS, LEFT — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) HYDROURETER & HYDRONEPHROSIS — Unknown
TRAUMATIC MYELITIS — 7 years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Surgical absence of right kidney — 7 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1951, to 8/29, 1951, and that death occurred at 4:35 a.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett
(Degree or title) JACK M. BURNETT, M.D.
ADDRESS VAH, Fort Howard, Maryland
DATE SIGNED 8/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Sept. 1-1951 | NAME OF CEMETERY OR CREMATORY Westminster Cemetery | LOCATION (City, town, or county) Westminster, Maryland (State)

DATE REC'D BY LOCAL REG. 8-31-51 | REGISTRAR'S SIGNATURE Mary B. Kline.

24. FUNERAL DIRECTOR: Harvey Bankard & Sons, East Main Street, Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 359 Elrino St.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) V. (Last) MARCONI

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-25-96

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Tailor Shop

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Marconi

14. MOTHER'S MAIDEN NAME: Ida Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW-1

16. SOCIAL SECURITY NO.: 212-01-8403

17. INFORMANT AND ADDRESS: Clinical Records Vets.Adm.Hosp.Ft.Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of right bronchus	unknown
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Constriction of superior vena cavus and pulmonary artery by tumor	unknown
	(c)	

163X
470.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-3- , 1951 , to 8-3- , 1951 , that I last saw the deceased alive on [illegible] and that death occurred at 12:10 A m., from the causes and on the date stated above.

SIGNATURE: Walter R. Edison (Degree or title) — ADDRESS: VAH FORT HOWARD, MD. — DATE SIGNED: 8-3-51

WALTER R. EDISON, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 7/51 — NAME OF CEMETERY OR CREMATORY: Balto.National Cemetery — LOCATION (City, town, or county) (State): 5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG.: August 4 1951 — REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR — ADDRESS: Frank Della Noce 322 S. High St.Balto.Md.

VS A13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland.
STREET ADDRESS (If rural, give location) Middletown Rd.

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Mabel (Last) McCullough

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 1951.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 14, 1923

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Freeland, Md. R.D.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Clarence Hare

14. MOTHER'S MAIDEN NAME: Daisy Alban-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wm. C. McCullough, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sarcoma of the femur

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 50

19b. MAJOR FINDINGS OF OPERATION: Sarcoma femur with metastases

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Aug. 11, 1951, that I last saw the deceased alive on Aug. 11, 1951, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Frame M.D. Fulton Md Aug 13 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: August 14 1951

NAME OF CEMETERY OR CREMATORY: Middletown Cem.

LOCATION (City, town, or county) (State): Freeland, Md.

DATE REC'D BY LOCAL REG.: Aug 18 1951

REGISTRAR'S SIGNATURE: Edwards F Preston

24. FUNERAL DIRECTOR: Jacob Hartenstein

ADDRESS: New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALT. MORE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS; LENGTH OF STAY (In this place) 11 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1311 LINDEN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural give location) 1311 LINDEN AVE

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) M. (Last) McGEVERN
4. DATE OF DEATH: (Month) AUGUST (Day) 31 (Year) 1957

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 13 1865
9. AGE Last birthday: 91 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: DEPT. STORE
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: THOMAS F. LYONS
14. MOTHER'S MAIDEN NAME: MARGARET McNAMARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-24-3551
17. INFORMANT: FRANK McGEVERN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

a. (c) Decubitus ulcers

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 9/1/57

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: SEPT 4 1957
NAME OF CEMETERY OR CREMATORY: BALT. NATIONAL CEM.
LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG.: Sept 1 57
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: J. T. Eschen
ADDRESS: 1228 Gilmor Street

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — MARYLAND LENGTH OF STAY (In this place) 5 mo. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 803 Overbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto — CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Arbutus Baltimore Co — STREET ADDRESS (If rural, give location) 803 Overbrook Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Leo	McGuigan	Aug	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male MALE	White	Widowed	August 12/84	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Comptroller (Retired)	Railroad	Canada	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Felix McGuigan	Mary Boehler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown ----	unknown	Miss Marie McGuigan-803 Overbrook Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asphyxia (strangulation) by strangulation (hanging)	sudden
974/X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Depression with mental illness	1 year +
164a (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Asst Med Examiner Hudson MD., DME Towson Md 8/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 24/51	Holy Cross Cem.	Lackawanna N. Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/51	A. W. Hedrick	John A. Moran--3000 E. Balto. St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS-4(1)BA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

W-8802

Reg. Dist. No. 38

VS/A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Sister Mary Canute Mc Kenna

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 11, 1871

8. AGE:

Years	Months	Days	If less than one day
80	7	28	hrs. min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

MOTHER FATHER

12. Name: John Mc Kenna

13. Birthplace: Ireland

14. Maiden name: Lucy Kyle

15. Birthplace: Ireland

16. Informant: Sr. Mary Clara

Address: Notch Cliff, Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof AUG 11 1951 (month) (day) (year)

Cemetery or crematory: VILLA MARIA

Location: NOTCH CLIFF

18. Funeral director: Charles S. Zealey

Address: 901 S. Conkling St Balto 24 Md

19. 8/9 1951 (Date rec'd by registror) C W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 9 1951 at 3:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1947 to Aug 9 1951 and that I last saw h.Re alive on Aug 8 1951

Immediate cause of death	DURATION
Coronary Occlusion	1 wk
Due to 420.1	
Due to 942	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN- Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bengies
STREET ADDRESS (If rural, give location) 100 Stevens Rd.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Menocher (Last)

4. DATE OF DEATH: (Month) Aug (Day) 30th (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: 2/13/1866
9. AGE last birthday: 84 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Machinist
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Menocher
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. C. Stevens 100 Stevens Rd. Bengies Balto. Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) AURICULAR FIBRILLATION — Interval Between Onset and Death: 2 MO

420.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIO-SCLEROTIC HEART DISEASE — 5 YR

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to AUG 30 1951, that I last saw the deceased alive on AUG 26 1951, and that death occurred at 1.50P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph Mueck MD 422 Eastern Ave Baltimore 21 Md 8/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 9/1/51
NAME OF CEMETERY OR CREMATORY: Meadow Ridge
LOCATION (City, town, or county) (State): Govans Md

DATE REC'D BY LOCAL REG. 8/31/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Cook Inc 125 E. Fayette St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AEC: Items 8,9: Film G135 8-30-51 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1920 E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) G. (Last) MEYERS
4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-2-94 99
9. AGE last birthday: 52 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Conney Wilson
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Meyers
14. MOTHER'S MAIDEN NAME: Josephine Bach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 046-01-8201
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL EMBOLISM — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE WITH AURICULAR FIBRILLATION — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1951, to Aug. 19, 1951, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

for Irving Freeman
IRVING FREEMAN, M. D., Acting Chief, Medical Service, VAH, Fort Howard, Md. 8-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/23/51 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8/21/51 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc. St. Paul & Preston Street Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

805

Reg. Dist. No. 16-5

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 7 N.R. Brooklawn — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alum Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAROLD	RAY	MIDKIFF	8 -	22 -	1941

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Married	April 24, 1914	27 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
U.S. Army	U.S. Army	Alum Creek W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Corbit C. Midkiff	Mable E. Midkiff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Army Active	unknown	Hyattsville Prince George Co. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Supposed Fracture of Skull (Fatal)	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Comminuted Fracture of Skull	
	(c)	

916.5

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	?	Brooklawn	Balt.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
	21	5	11 45 p.m.			Car ran into parked car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. K. Davis M.D.		[illegible]	8/24/41

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/23/41	Unknown	Charleston	W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 23-1941	G. L. Lewis M.D. Dr. Walter Donnett	Pennington & Pennington	Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7806

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9604 Dixon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fullerton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 9604 Dixon Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) Minnick

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 29-1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Builder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Minnick

14. MOTHER'S MAIDEN NAME: Sarah Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 218-07-7315

17. INFORMANT: Mrs. F. Albrecht - 9604 Dixon

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Neoplasm, stomach, type undetermined — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

230X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46 b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

[illegible] M.D. ME. Towson 14 8/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/8/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/6/51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS 5305 Harford Rd.

CERTIFICATE OF DEATH

Registered No. 4[illegible]

BIRTH NO.

1. NAME OF DECEASED (Type or Print): AUBRY CHRISTOPHER MOORE

2. DATE OF DEATH: 3 AUG 1951

3. PLACE OF DEATH
A. Baltimore City, Maryland 4815 ELDON GREEN
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4815 ELDON GREEN
C. Length of stay in Baltimore: Yrs. 1 Mo. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: DORCHESTER/BAL
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - ARBUTUS
D. STREET ADDRESS (If rural, give location): 4815 ELDON GREEN

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: SEPT 12 1899
9. AGE (In years last birthday): 51 — If under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN
10B. KIND OF BUSINESS OR INDUSTRY: FISHING
11. BIRTHPLACE (State or foreign country): BISHOPSHEAD MD
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHRISTOPHER MOORE
14. MOTHER'S MAIDEN NAME: IDA BLOODSWORTH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 220-12-0188
17. INFORMANT: MRS ELEANOR ADAMSON — ADDRESS: 4815 ELDON GREEN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) MUCOUS CELL CARCINOMA OF — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.
DUE TO LUNG, RT.

163X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

47d

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: NONE

19A. DATE OF OPERATION: FEB. 6, 1951
19B. MAJOR FINDINGS OF OPERATION: INOPERABLE CANCER OF Rt LUNG
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY, 1949 *to* 3 AUG, 1951, *that I last saw the deceased alive on* 1 AUG, 1951, *and that death occurred at* 10 20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jud B Cage Jr. M. D.
23B. ADDRESS: 2843 St. Paul
23C. DATE SIGNED: 3 Aug 1951

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-5-51
24C. NAME OF CEMETERY OR CREMATORY: Dorchester Mem.
24D. LOCATION (City, town, or county) (State): Cambridge Md

DATE RECEIVED BY LOCAL REGISTRAR: 8-4-51
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Howard H Hubbard
ADDRESS: 2503 [illegible]

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physician: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-2

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay Md — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 707 St Johns Rd

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) S (Last) Morrill
4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1957
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 1-24-96
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY: US
13. FATHER'S NAME: James Sheldon
14. MOTHER'S MAIDEN NAME: Emeley King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs Starr B Morrill 707 St Johns Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Deputy
Geo W Kiefer Jr Dr Coroner Balto 1010 Leeds ave Aug 27 57

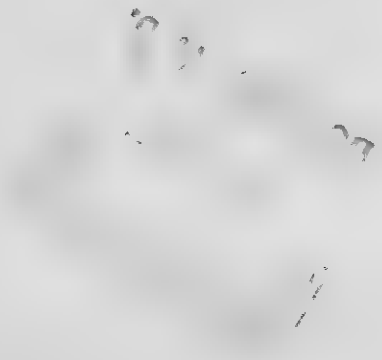
23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 8-29-57 | NAME OF CEMETERY OR CREMATORY: Greenmount Cem | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. Aug 29 57 | REGISTRAR'S SIGNATURE: Geo Kiefer | 24. FUNERAL DIRECTOR: Ambrose Fue | ADDRESS: 1328 Eutaw Springfield

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A



Item 18 Film G136 10-16-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(0784)

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anneslie; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 923 Dunkirk Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anneslie; STREET ADDRESS (If rural, give location) 923 Dunkirk Rd

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Heise (Last) Mulligan

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-13-1862

9. AGE last birthday: 89 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ellis Heise

14. MOTHER'S MAIDEN NAME: Sophia Vick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Emilie Bright

MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis w/ Arteriosclerosis Senile	12 Mos
Antecedent cause(s)	(b) Carcinomatosis, primary site not seen. Myocarditis with Enlarged Bantes Spleen,	5-10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Anemia	

44-X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Repeated Whole Blood Recently

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1946, to 8-29, 1951, that I last saw the deceased regularly alive on 8/20, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE: Peter Edwards (Degree or title) MD ADDRESS 321 Dunkirk Rd DATE SIGNED 8/29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept 1/51 | NAME OF CEMETERY OR CREMATORY: Baltimore Cem | LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. 8/31/51 | REGISTRAR'S SIGNATURE: Mrs. Hedrick

24. FUNERAL DIRECTOR: Ullrich Funeral Home ADDRESS 200 Allen

Dr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07810

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4890 Park Lane, S.E.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W. (Last) MUNDINGER

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/24/23

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indianhead, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Mundinger

14. MOTHER'S MAIDEN NAME: Edith Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Records, Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — 30 min.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: MUSCULAR ATROPHY, THORAX & EXTREMITIES, POST-POLIOMYELITIS — 7 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from July 25, 1951, to Aug. 17, 1951, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Jack M. Burnett — ADDRESS: JACK M. BURNETT, M.D., ACTING CHIEF, LABORATORY SERV., VAH, FORT HOWARD, MD. — DATE SIGNED: 8/17/51

BURIAL, CREMATION OR REMOVAL: REMOVAL — DATE THEREOF: 8-18-51 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

FILED BY LOCAL REG.: August 18 1951 — REGISTRAR'S SIGNATURE: R.W. — FUNERAL DIRECTOR AND ADDRESS: Wm. J. Tuckner & Sons — Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

811

Reg. Dist. No. 4f

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 447 Drew St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward		Murphy	8	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Oct. 26-1903	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millwright	Sparrows Point	Balto Md.	

13. FATHER'S NAME: Allan A. Murphy

14. MOTHER'S MAIDEN NAME: Mary UNLOFT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Andrew Bennie - 2810 Alvarado Sq.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertension Cardio-Vascular Renal	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office building, etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Davis M.D.	Dept. Med. Examiner	Dundalk-Va-Md	8/22/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-25-51	Maryland Mem Park	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/23/51	A W Hedrick	L. J. Ruck	5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (in this place) 15 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4132 Slater Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; STREET ADDRESS (If rural, give location) 4132 Slater Ave

3. NAME OF DECEASED (Type or Print): (First) Estelle (Middle) G (Last) Oliphant

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: March 22 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy dipper

10b. KIND OF BUSINESS OR INDUSTRY: May Co.

11. BIRTHPLACE (State or foreign country): Balto City

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Joseph P Talbott

14. MOTHER'S MAIDEN NAME: Mattie Lasbelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-9039

17. INFORMANT AND ADDRESS: Mr Wm Oliphant 4132 Slater Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 2 days

155X 46 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of gall-bladder

(c) Metastasis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1951, to 8/5, 1951, that I last saw the deceased alive on 8/4, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hank L. Maurer, M.D. ADDRESS: 6002 Easton Ave. Baltimore, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/6/51 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county): Balto (State): Md.

DATE REC'D BY LOCAL REG.: 8/6/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Forsaken Funeral Home ADDRESS: 7401 Belair Rd.

VS-1A

1090 646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 5 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Reggester ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 209 Cumberland Rd

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Marie (Last) Pancoast

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1951

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH Oct 27 1874 | 9. AGE last birthday 76 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Sickeborg Denmark | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Neilsen | 14. MOTHER'S MAIDEN NAME Severine Sorensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) – | 16. SOCIAL SECURITY NO. – | 17. INFORMANT AND ADDRESS Dr Elinor Pancoast Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Insufficiency

(c) from Coronary Disease fibrillation

4/26/1 12d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..46., to Aug 2, 19..51., that I last saw the deceased alive on Aug 1, 19..51., and that death occurred at 6P. m., from the causes and on the date stated above.

SIGNATURE Louis Krauss (Degree or title) ADDRESS 11 E Chase St. DATE SIGNED Aug 3 - 51

23. BURIAL, CREMATION / REMOVAL (Specify) BURIAL | DATE THEREOF Aug 4 1951 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) (State) Parkville Balto Co Md

DATE REC'D BY LOCAL REG. 8/4/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Henry Wenkins & Sons Co ADDRESS 4905 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07814

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton Rural — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton, Rural
STREET ADDRESS (If rural, give location) Mt. Pleasant Rd.

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) Hutchins (Last) Pearce

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 5, 1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland, Harford Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Hutchins

14. MOTHER'S MAIDEN NAME: Martha Jane Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Donald Pearce, Monkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2½ hrs.

443X Antecedent cause(s)

13d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - arterio-sclerotic cardio-

(c) vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Aug, 1951, that I last saw the deceased alive on Aug 17, 1951, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth B. Sherrill, M.D. Cockeysville, Md. 8/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8-18-1951 | NAME OF CEMETERY OR CREMATORY: St. Paul's Episcopal | LOCATION (City, town, or county) (State): Monkton, Balto Co. Md.

DATE REC'D BY LOCAL REG. Aug. 19 51 | REGISTRAR'S SIGNATURE: Wm. J. Philcoat

24. FUNERAL DIRECTOR: J. Scott Cook | ADDRESS: Parkton, Md.

Item 21 Film G136 9-20-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07615

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LOCHEARN
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lochearn (old now)
STREET ADDRESS (If rural, give location): CAMPFIELD RD.

3. NAME OF DECEASED (Type or Print): (First) TILLANNA (Middle) A (Last) PFORR

4. DATE OF DEATH: (Month) AUGUST (Day) 22 (Year) 1951

5. SEX: Female FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: MAR. 28-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: AUGUST PFORR

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: AUGSBURG HOME RECORDS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) - Arterio - Sclerotic Heart Disease — Interval Between Onset and Death: 2 yrs.

7-20 Antecedent cause(s)

1860 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) - Fracture of Rt. Femur — 6 wks.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Generalized Arterio - Sclerosis — 2 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐ (Specify): Acc.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): abt. 3 wks. ago m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell out of bed. (9-20-51 ams)

22. I hereby certify that I attended the deceased from June -, 1948, to Aug. 22, 1951, that I last saw the deceased alive on Aug. 16, 1951, and that death occurred at - m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl L. Chambers, M.D. 4108 Liberty Hts. Balto - Md

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: AUG. 24-1951 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM — LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG.: 8/23/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: A. ROHDE & SON 2327 EDMONDSON AVE

720826

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

516

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Catonsville
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2542 Old Frederick Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Catonsville
STREET ADDRESS (If rural, give location) 2542 Old Frederick Rd

3. NAME OF DECEASED (Type or Print): (First) Bradley (Middle) Phelps (Last)

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan 8 1901

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Contracting

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Phelps

14. MOTHER'S MAIDEN NAME: Catherine White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 218 09 6355

17. INFORMANT: Grace E Phelps Catonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary heart disease — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

420.1 94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Le M Kieffer MD Dr Med Stan Cert to 1010 Leadenhall Balto Aug 12 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 14 51 — NAME OF CEMETERY OR CREMATORY Good Shepherd Cem — LOCATION (City, town, or county) (State) Ellicott City Md

DATE REC'D BY LOCAL REG. 8/14/51 — REGISTRAR'S SIGNATURE H E Harry

24. FUNERAL DIRECTOR Taylor Sons Ellicott City Md — ADDRESS

RECEIVED
AUG 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

51 44 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2111 Lodge Forrest Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural, give location): 2111 Lodge Forrst Drive

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) PORKAT

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 31, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Corp.

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Marie Kafka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 217-03-9876

17. INFORMANT: Irma Porkat, wife, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Anemia	1 week
154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46d	(b) Generalized carcinomatosis	1 month
	(c) Carcinoma of rectum	2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: July 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum & metastases to liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 30, 1951, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert E. Farber M.D. | Sparrows Point, Md | 9-1-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 4, 1951	Oak Hill Cemetery	Horner's Lane, Baltimore, Md.

DATE RECD BY LOCAL REG. 9-2-51 | REGISTRAR'S SIGNATURE Dawson L. Harris

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home Edmondson Ave. & Nunnery Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 135 N. Dennison St.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Salvatore) (Last) Portera

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 15, 1951. 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 16, 1883

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Confectionary

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ---------Portera

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Sadie Portera, 135 N. Dennison ST

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 3 mos.

332X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) Cerebral Thromboses & Paralysis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcer — 1 mo.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51., to Aug 15, 19 51., that I last saw the deceased alive on Aug 11, 19 51, and that death occurred at 5 m., from the causes and on the date stated above.

SIGNATURE: K. Kulesity (Degree or title) MD — ADDRESS 244 N Hilton St — DATE SIGNED 8/17/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 18/51 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore 29, Md.

DATE REC'D BY LOCAL REG.: 8/17/51 — REGISTRAR'S SIGNATURE: M. D. Roland — FUNERAL DIRECTOR: Harry H. Leitzke — ADDRESS: 4101 E. ~~Edmondson Ave~~

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2306 Fleet Street

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) B. (Last) PRICE

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/23/89

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed -- Chemist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Price

14. MOTHER'S MAIDEN NAME: Anna Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Army

16. SOCIAL SECURITY NO.: 217-01-0939

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GENERALIZED CARCINOMATOSIS — Unknown

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA OF COLON — 6 mos.plus

462

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TRACHEOTOMY WOUND — 5 mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1951, to 8/29, 1951, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett
JACK M. BURNETT, M.D. (Degree or title)
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 8/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/31/51 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Frederick Rd.Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/31/51 | REGISTRAR'S SIGNATURE: L

24. FUNERAL DIRECTOR: Howard Blight Funeral Home 6009 Harford Rd.
ADDRESS: Balto., Md.
Mrs. Mildred J. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This entire sheet is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt #4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS 840 Park Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MADELINE (Middle) CARROLL (Last) REICHENBERG

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1951

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 2-1921

9. AGE last birthday: 29 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Ft. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Mallamas

14. MOTHER'S MAIDEN NAME: Evelyn Poulos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Frank K. Reichenberg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Lingual Fracture of Skull, Left Frontal Region — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 3211 40 — (CITY OR TOWN) Middle River (COUNTY) Balto (STATE) Md.

TIME OF INJURY (Month) Aug. (Day) 7 (Year) 51 (Hour) 1 p.m. INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Car was struck by another car on pavement

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] M.D. (Degree or title) Asst Med Examiner ADDRESS Towson 4 Md DATE SIGNED 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug-10-1951 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 8-7-51 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR John G. Connelly - Essex — ADDRESS Md.

VS. A-8A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City P.O.; LENGTH OF STAY (in this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivywood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City P.O.; STREET ADDRESS (If rural, give location) Ivywood Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JENNETTE (Last) RITTER

4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 51 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9/20/1876

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Townsend

14. MOTHER'S MAIDEN NAME: Anna E. Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lawrence T. Ritter (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Epilepsia — Interval Between Onset and Death: 4 years

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Albuminuria — 9 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951 to July 15, 1951, that I last saw the deceased alive on July 15, 1951 and that death occurred at 3-P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. C. Cummins M.D. ADDRESS 4509 Gelsty Hgts Balto DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 8/5/51 | NAME OF CEMETERY OR CREMATORY St. Alice | LOCATION (City, town, or county) Randalstown (State) Md.

DATE REC'D BY LOCAL REG. 8-4-51 | REGISTRAR'S SIGNATURE W. E. Harry | 24. FUNERAL DIRECTOR ADDRESS MacNabb & Son Catonsville, Md.

RECEIVED
1951
BUREAU V. S.

CERTIFICATE OF DEATH

BIRTH NO

Registered No.

1. NAME OF DECEASED (Type or Print) Jimmie Clay Robertson

2. DATE OF DEATH Aug 26 1951

3. PLACE OF DEATH A Baltimore City, Maryland Sparrows Point Md.

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bethlehem Steel Co.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission.) A STATE Va. B COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spoot Spring

D STREET ADDRESS (If rural, give location)

c Length of stay in Baltimore — Yrs. Mos. Days

5. SEX M

6 COLOR OR RACE W.

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 18, 1918

9 AGE (In years last birthday) 32. If under 1 Year Months Days; If under 24 hours Hour Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Chemical Learner

10B. KIND OF BUSINESS OR INDUSTRY Steel mfg.

11 BIRTHPLACE (State or foreign country) Appomattox, Va.

12 CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME James Oscar Robertson

14. MOTHER'S MAIDEN NAME Mable Caeson

15 WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) World War #2

16. SOCIAL SECURITY NO 231-03-9191

17. INFORMANT Ruth Hudson ADDRESS Spoot Spring, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Benzene Poisoning — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

8813 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

179X

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY YES X NO

21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Factory

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location.) Bethlehem Steel Co Sparrows Point Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 26 51 3A m

21E. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR? Leakage of Benzene from pipe

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE William H. Leavell M D

23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED Aug 26 1951

24A. (BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE Aug 28, 51

24C. NAME OF CEMETERY OR CREMATORY Old Concord Presbyterian

24D LOCATION (City, town, or county) (State) Spoot Spring Va

DATE RECEIVED BY LOCAL REGISTRAR 8/28/51

REGISTRAR'S SIGNATURE H.W. Tredwell

25. FUNERAL DIRECTOR William J. Deaven Sons

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the pines

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 1116 E. Lanvalle Street

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) (Last) Robinson

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 12, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months 2, Days 1, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Gibson Sr.

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Howard F. Gibson-1116 E. Lanvale St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Cardio-Vascular Hypertension Disease — 10 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1951, to 8-13, 1951, that I last saw the deceased alive on 8-13, 1951, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE: William K. Gallagin (Degree or title) M.D. ADDRESS: Catonsville-28, Md. DATE SIGNED: 8-14-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Aug 17, 1951

NAME OF CEMETERY OR CREMATORY: Unionville Cemetery

LOCATION (City, town, or county) (State): Unionville, Pa.

DATE REC'D BY LOCAL REG.: 8/15/51

REGISTRAR'S SIGNATURE: H.W. Adams

24. FUNERAL DIRECTOR: George J. Ruth, Inc. — ADDRESS: 1735 Harford Avenue Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: English Consul
LENGTH OF STAY (in this place): 34 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2812 Oak Grove Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: English Consul
STREET ADDRESS (If rural, give location): 2812 Oak Grove Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theresa		Roesch	August	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	July 5, 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeping		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Roesch	Anna R Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	— —	Miss Anna Roesch 2812 Oak Grove Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	11 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	24 days
	(c) Hypertension	1 yr.

4/20.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 27, 1951, to Aug 8, 1951, that I last saw the deceased alive on Aug 8, 1951, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Milton Tittsworth	M.D.	Tittsworth Heights Rd	Aug 10 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/13/51	Balto. Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 11 51	R.W.	[illegible] Palmer & Son	Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Turner Station
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Turner Station
STREET ADDRESS (If rural, give location): 303 Sollers Point Rd.

3. NAME OF DECEASED (Type or Print): (First) ~~XXXX~~ John (Middle): (Last) Ross

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 7/4/90.

9. AGE last birthday: 4 / yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY: Homes

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ross

14. MOTHER'S MAIDEN NAME: Louise Wing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Mamie Ross, 949 Bond St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

8?1 (c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/16/51

NAME OF CEMETERY OR CREMATORY: Mt. Auburn

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 8/16/51

REGISTRAR'S SIGNATURE: A.D. Hedgel

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law, 802 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1Dc 17826

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville / LENGTH OF STAY (in this place) 4 weeks.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home	STREET ADDRESS (If rural, give location) 4431 Old York Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	—	Sales	August	30.	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Male	White	W. Widowed	Nov. 22, 1878	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
A Loft	Clothing	Italy	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Salvatore Sales	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	220-09-0709	Salvatore Sales 374 Mt. Olivet Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL DEGENERATION	1 month
592X Antecedent cause(s)	(b) CHRONIC NEPHRITIS.	3?
131X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0			m.		

22. I hereby certify that I attended the deceased from 8/07, 1957, to 8/29/, 1957, that I last saw the deceased alive on 8/29, 1957, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Lloyd Johnson M.D.	Catonsville	8/31/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-3-57	New Cathedral	Baltimore	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-31-57	V. E. Harry	Geo. L. Schwab	2101 Frederick Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH: County BALTIMORE; City or town WOODLAWN -7- (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 years

Hospital, institution, or street address where death occurred: 2211 St. Lukes Lane

How long in hospital or institution? ...

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State MARYLAND County BALTIMORE

City or town WOODLAWN -7- (If outside city or town limits, write RURAL and give nearest town)

Street No. 2211 St. Lukes Lane (If rural, give LOCATION)

2.(a) If veteran, name war ...

3.(a) FULL NAME EDA L SCHAPER. 3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
FEMALE	WHITE	SINGLE

6.(b) Name of husband or wife ... 6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) MAY 10, 1867

8. AGE: Years 84 | Months 3 | Days | If less than one day ... hrs. ... min.

9. Birthplace HARTZ, GERMANY (Town, county, and state)

10. Usual occupation House worker

11. Industry or business Home

FATHER 12. Name William Schaper

13. Birthplace Germany

MOTHER 14. Maiden name Fredericka Dickhoff

15. Birthplace Germany

16. Informant Mrs. Anna H. Reich (sister)

Address 2211 St. Lukes Lane, Woodlawn

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 30/57. (month) (day) (year)

Cemetery or crematory Western

Location Edmondson Ave. & Longwood Sts. Balto. Md.

18. Funeral director Harry A. Wintzfe

Address 4101 Edmondson Ave.

19. Aug. 29 1957 (Date rec'd by registrar) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1957, at 3 00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 29 1957 to July 26 1957 and that I last saw h.er alive on July 25 1957

Immediate cause of death Carcinoma of Colon — DURATION 6 months

Due to 153X

Due to ...

Other conditions 462

(Include pregnancy within 3 months of death)

Major findings of operations Abdominal paracentesis Lutheran Hosp. Carcinoma cells. Date of op. July 1957

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE Millard T. Traband Jr. M.D.

Address 3400 Woodbine Ave. Balto. 7 Md. Date signed 8/26/57

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect or incomplete answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital; MARYLAND; LENGTH OF STAY (in this place) 10 mths. 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 110 N. Exeter St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOU		SCHWARTZ	August	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	single	1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
shoemaker		Poland	Unk.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Schwartz	Sarah (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unk.		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-respiratory failure	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnourition, dehydration and anemia due to genito-urinary bleeding due to primary	over 1 yr.
	(c) adeno-carcinoma of the urinary bladder	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease. Generalized arteriosclerosis — Sev. years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 29 1950., to Aug. 28, 1951., that I last saw the deceased alive on Aug. 28, 1951, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ethel B. Herrmann Grew M.D.		Spring Grove State Hospital Catonsville 28, Md.	8-28-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-29-51	Mt Carmel	Dallo	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/29/51		Jack Lewarde	2100 Eastern Ave

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1P

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY: Essex — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Riverdale Apartments

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) W. (Last) SCRIMGER

4. DATE OF DEATH: (Month) AUG (Day) 11 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 10, 1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Gephart

14. MOTHER'S MAIDEN NAME: Margaret?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. Currie L. Scrimger, Riverdale Apt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebro vascular Hemorrhage — Interval Between Onset and Death: @ 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a

(b) Essential Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1951, to Aug. 11, 1951, that I last saw the deceased alive on Aug. 10, 1951, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eugene F. Shanahan M.D. — ADDRESS: 413 Eastern Ave Essex Md. — DATE SIGNED: Aug 11, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 8-14-51

NAME OF CEMETERY OR CREMATORY: Moreland Mem Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/14/51

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 14th Dist.
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: - - -

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 6
STREET ADDRESS (If rural, give location): 5310 Hamilton Ave.

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) I. (Last) Shellahamer - Lingle

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept. 2, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months 11, Days 7. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Dauphin Count, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wesley Boyer

14. MOTHER'S MAIDEN NAME: Rebecca Killinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Vance Shellahamer, 5310 Hamilton Ave. Baltimore 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 ✓

Immediate cause (a) Carcinoma of breast with metastases — Interval Between Onset and Death: 3 yrs.

50

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1951, to Aug. 9, 1951, that I last saw the deceased alive on August 9, 1951 and that death occurred at 8:18A. m., from the causes and on the date stated above.

SIGNATURE: Adam Shuss — (Degree or title) — ADDRESS: 6232 Belair Rd., Baltimore 6, Md. — DATE SIGNED: 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: Aug. 13, 1951 | NAME OF CEMETERY OR CREMATORY: Shells Cemetery | LOCATION (City, town, or county) (State): Shellsville, Dauphin Co., Pa.

DATE REC'D BY LOCAL REG.: 8/9/51 | REGISTRAR'S SIGNATURE: A. M. Bacon | 24. FUNERAL DIRECTOR ADDRESS: Robert L. Boger, Grantville, R.F.D. No. 1 Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING **** GT ****

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govt 40 Mi NR Ebenezer Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None (White Marsh)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Smith JR.

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1927

9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter Handler

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Murfreeboro, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: John Wesley Smith

14. MOTHER'S MAIDEN NAME: Frances Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 411-42-3451

17. INFORMANT AND ADDRESS: Bettie May Smith, Magnolia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound Fracture of Skull

Antecedent cause (b) Compound Fracture of left Thigh

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Fracture of Left Tibia & Fibula.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office building) OF INJURY: Route 40 — (CITY OR TOWN) (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 11 - 51 — 11:05 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? RAN ACROSS ROAD & WAS Struck by Truck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W K Davis M.D. — (Degree or title): Capt. Med. Corps. — ADDRESS: Edgewood Md. — DATE SIGNED: 8/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 14/1951 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county): Baltimore — (State) Md

DATE REC'D BY LOCAL REG.: August 16, 1951 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Howard R. McConnell Sons — ADDRESS: Aberdeen Md

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gray Manor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gray Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gray Manor
STREET ADDRESS (If rural, give location) 214 Ashwood Road

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) R (Last) Spencer
4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1951

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Feb 30 1888 | 9. AGE last birthday 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Rec. Co.
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Spencer
14. MOTHER'S MAIDEN NAME Clara Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Elvie Spencer Gray 214 Ashwood rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	6 months
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b)	Coronary Sclerosis	
	(c)	Congestive Heart failure	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Baltimore | (COUNTY) Balto co. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1951, to Aug 14, 1951, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. Daniel L. Zalis M.D. 1942 Cedar Lane 8/21/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 24 51 | NAME OF CEMETERY OR CREMATORY Cabin Lawn | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/24/51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

533

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson-4, Md.
LENGTH OF STAY (in this place) 3 mos., 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard and Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Penna. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norristown,
STREET ADDRESS (If rural, give location) 1507 Plymouth Boulevard

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Robert	Joshua	Snyder		8	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 20, 1894	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler — self employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry M. Snyder
14. MOTHER'S MAIDEN NAME: Ella Mary Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give wars or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	7 years +
	(c)	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional depression — 2 years +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 16, 1951, to August 17, 1951, that I last saw the deceased alive on August 17, 1951, and that death occurred at 11:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Abbey M. Sturdivant M.D. ADDRESS Med. Dir., Sheppard and Enoch Pratt Hospital, Towson-4, Maryland DATE SIGNED Aug. 17, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug. 17, 1951	Boyd Funeral Home	Norristown, Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 17, 1951	Mabel C. Gray, for W.S.B.	John Burns' Sons, Towson, Md.	

VR A-1

RECEIVED
1951
BOARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY 6400 Hazelwood Ave. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6400 Hazelwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 6400 Hazelwood Ave
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 6400 Hazelwood Ave.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) A. (Last) SPROUSE

4. DATE OF DEATH: (Month) Aug. (Day) 25. (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Oct 23 1891 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willie Sprouse | 14. MOTHER'S MAIDEN NAME: Bessie Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 217-01-9954 | 17. INFORMANT AND ADDRESS: Mrs. R. A. Sprouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion. — Sudden

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stasis Ulcers Lower Extremities — 1 Month

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Buckingardner MD Baltimore Md 8/27/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF Aug. 28, 1951 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) (State) Balto. City. Md.

DATE REC'D BY LOCAL REG. Aug. 27 '51 | REGISTRAR'S SIGNATURE Mrs. A. L. Reformat | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 740 Belair Rd.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3yrs. 6mos 1[illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5622 St. Victor [illegible]

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Ann (Last) Stephens

4. DATE OF DEATH: (Month) Aug[illegible] (Day) 15, (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/14/1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Kraus

14. MOTHER'S MAIDEN NAME: Elizabeth Heinig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Margaret Coleman - 202 S. Camp Meade Rd. Lincolnia Res. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Respiratory Failure	10 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	Sev. yrs.
	(c) Diabetes Mellitis	Sev. yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis — Sev. yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1951, to August 15, 1951, that I last saw the deceased alive on August 14, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE: Ethel B Hermann-Drew (Degree or title) M.D. ADDRESS: Spring Grove State Hosp. Catonsville 28, Maryland DATE SIGNED: 8/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/16/51 — NAME OF CEMETERY OR CREMATORY: Rest Royal — LOCATION (City, town, or county): Baltimore (State): Md

DATE RECD BY LOCAL REG.: 8/15/51 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: [illegible] — ADDRESS: 1215 Eutaw St

WS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5216 KENWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 5216 KENWOOD AVE.

3. NAME OF DECEASED (Type or Print): (First) MARCELE (Middle) (Last) STUČINSKIENE

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Aug. 21, 187[illegible]

9. AGE last birthday: 78 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Anna Boyle. 726 N. Broadway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardiovascular disease — Interval between onset and death: 10 yr.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1951, to Aug. 5, 1951, that I last saw the deceased alive on Aug. 5, 1951, and that death occurred at P.M. m., from the causes and on the date stated above.

SIGNATURE: Edwin Glenn | (Degree or title) M.D. | ADDRESS 6232 Dillard | DATE SIGNED Aug. 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 8-8-51 | NAME OF CEMETERY OR CREMATORY: Glen Haven Mem. | LOCATION (City, town, or county) (State): Glen Burnie Md.

DATE REC'D BY LOCAL REG. 8-9-51 | REGISTRAR'S SIGNATURE: A. W. Hedrich | 24. FUNERAL DIRECTOR: George A Farley | ADDRESS: Catonsville Md.

RECEIVED
1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians must state the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
35 Dundalk Ave Baltimore County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk Md.
LENGTH OF STAY (In this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 35 Dundalk Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk Maryland
STREET ADDRESS (If rural, give location): 35 Dundalk Ave.

3. NAME OF DECEASED (Type or Print): (First) Orma (Middle) ETHEL (Last) Stutler

4. DATE OF DEATH: (Month) Aug. (Day) 8th (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 12, 1885

9. AGE last birthday: 65 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James. Johnson

14. MOTHER'S MAIDEN NAME: Sarah Deen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Ora Channel 24 Eastlyn Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis, acute	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis, Chronic	1 year
	(c) Pulmonary Tuberculosis (arrested)	12 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ....., 1944, to Aug. 7....., 1951, that I last saw the deceased alive on Aug 7 ....., 1951, and that death occurred at 12.55A m., from the causes and on the date stated above.

SIGNATURE: (Degree or title) David H. Audrey M.D. ADDRESS 33 Dundalk Ave Dundalk Md. DATE SIGNED Aug 8, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 8/10/1951

NAME OF CEMETERY OR CREMATORY: Glen Haven

LOCATION (City, town, or county) (State): A.A. Co. Md.

DATE REC'D BY LOCAL REG.: Aug 9-1951

REGISTRAR'S SIGNATURE: William H. Kelly Jr.

24. FUNERAL DIRECTOR: Smith Funeral Home Dundalk, Md.

ADDRESS:

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Franklin Square Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS 6521 Detroit Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLYDE (Middle) OSCAR (Last) SULLIVAN

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 3 1917

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Worker

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Green Co., Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mavis O. Sullivan

14. MOTHER'S MAIDEN NAME: Mary Anne Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 227-14-4432

17. INFORMANT AND ADDRESS: Vivian Kinchelae (Sister)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

924.8 / 150 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Gunpowder River — (CITY OR TOWN) NR. BRADSHOW — (COUNTY) Balto — (STATE) Md.

TIME OF INJURY: (Month) 8 (Day) 30 (Year) 51 (Hour) 12 noon — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Stepped into hole in River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M Bowers MD Dep. Med. Exa. Dundalk Md. 8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Sept. 2 1951 — NAME OF CEMETERY OR CREMATORY Jefferson Memorial Gdns. — LOCATION (City, town, or county) Green Co. — (State) Virginia

DATE REC'D BY LOCAL REG. August 31 1951 — REGISTRAR'S SIGNATURE Edith Hurley — 24. FUNERAL DIRECTOR John G. Connelly — ADDRESS 418 Eastern Ave Balto. 2 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 130 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2856 West North Avenue

3. NAME OF DECEASED (Type or Print): (First) FRASER (Middle) G. (Last) THATCHER
4. DATE OF DEATH: (Month) August (Day) 6 (Year) 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	11-17-88	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: sink
11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas Thatcher
14. MOTHER'S MAIDEN NAME: Mary Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) WW I
16. SOCIAL SECURITY NO. 212-03-2272
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
162X Immediate cause	(a) BRONCHOGENIC CARCINOMA LEFT WITH METASTASIS TO 8TH RIB LEFT	8 MONTHS
47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 29, 1951, to Aug. 6, 1951, [redacted] and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul S. Gotta		VAH, Fort Howard, Maryland	8-6-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-8-51	Lorraine Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-7-51	A W Bechuch	Wm. J. Tickner & Sons	North & Pa. Aves. Baltimore, Maryland

CERTIFICATE OF DEATH

BIRTH NO [illegible] Registered No. 458

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. NAME OF DECEASED (Type or Print): Gregory thomas
2. DATE OF DEATH: 8-8-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Nursing Home
c. Length of stay in Baltimore: 30 years (Yrs. / Mos. / Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Balto. B. COUNTY Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 3716 Legnora ave.
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH
9. AGE (in years last birthday): 85 — If under 1 year: Months / Days: - / - If under 24 hours: Hours / Min.: - / -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10B. KIND OF BUSINESS OR INDUSTRY: Shoe Shine Parl
11. BIRTHPLACE (State or foreign country): Greece.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Constantine
14. MOTHER'S MAIDEN NAME: Vasiliki Karnezis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lena Kages ADDRESS 3716 Legnora

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis, generalized — INTERVAL, BETWEEN ONSET AND DEATH: Unknown
DUE TO
ANTECEDENT CAUSES
(B) 450.0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
87c
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Parkinsons Disease 4 years

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1951, to Aug 8, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at 10:30 P m., from the causes and on the date stated above.

23A. SIGNATURE: Stephen Leo Magness M. D.
23B. ADDRESS: Catonsville 28 Md
23C. DATE SIGNED: 8-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-11-51.
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: 8/11/51
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR ADDRESS: Lembros Funeral Home Inc

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 11 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto. City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4381 Nicholas Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Topfer

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-14-71

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Stripper

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Leavenworth, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Topfer

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-20-[illegible]38A

17. INFORMANT AND ADDRESS: John Topfer — 4381 Nicholas Ave - Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Auricular Fibrillation	1 year
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerotic Heart Disease	5 years (?)
92d	(c) Arteriosclerosis, generalized.	10 years (?)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis	1 year

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1951, to Aug 22, 1951, that I last saw the deceased alive on Aug 22, 1951, and that death occurred at 6 50 P.m., from the causes and on the date stated above.

SIGNATURE: Wm. A. Rinn (Degree or title) M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 8-22-51

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 8-25-51; NAME OF CEMETERY OR CREMATORY New Cathedral; LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 8/23/51; REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR: Howard H Hilyard; ADDRESS 2303 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL RT 14; BENGIES (BALTO 20)
LENGTH OF STAY (in this place) 4 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY CITY OF BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 5
STREET ADDRESS (If rural, give location) 539 N. KENWOOD AVE

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	JOHN	TRAUTWEIN	AUG	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	MARRIED	9 FEB 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PRODUCE COMMISSION (BUYER)	PRODUCE	BALTIMORE, MD.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN TRAUTWEIN	PAULINE GABLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES (NAVY)	1917 SPAN WAR		MRS MARY C. TRAUTWEIN RT 14,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	1 HR.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	4 YRS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on D.O.A., 19....., and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Powell Kirby	M.D.	1000 Milton Court Rd; Balto 20	5 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/8/51	St. Matthews Cem.	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-6-51	A. W. Redinch	Lassahn Funeral Home	7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

57543

1 — MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARKS
LENGTH OF STAY (In this place) 3yrs 0d
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARKS
STREET ADDRESS (If rural give location) GERBER'S LANE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BABY	BOY	WADE	AUGUST	3RD	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	AUGUST 1, 1957	yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Leonard Woodie Wade
14. MOTHER'S MAIDEN NAME Ruby Irene Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MOTHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MALNUTRITION	36 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PREMATURITY	36 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from AUG. 1, 1957, to AUG 3, 1957, that I last saw the deceased alive on AUG 1, 1957, and that death occurred at 1:A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown Md.	8/3/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-4-1957	Grace Methodist	Cockeysville, Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 3/57	Wm. J. Whitcraft	J. Scott Brooks	Sparks, Md

RECEIVED
AUG 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lochearn
MARYLAND — LENGTH OF STAY (in this place): 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3703 Sylvan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Ohio
COUNTY: Columbiana
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East Rochester
STREET ADDRESS (If rural, give location): R. D. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Almira	Walter	Aug.	7	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Sept. 18, 1869	81 yrs.	10			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-wife		Ohio	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Parker Orr	Mary Speakman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. I. Mackintosh 3703 Sylvan Dr. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cononary Thrombosis	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arterioscerlotic cardio-vascular disease	5 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/11/51	Generalized arteriosclerosis	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1951, to Aug. 7, 1951, that I last saw the deceased alive on Aug. 7, 1951, and that death occurred at 3:50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard Traband	M.D.	3400 Woodbine Ave. Balto. 7, Md.	8/7/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8/7/51	Moultrie Chapel Cem.	Moultrie, Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/7/51	A. H. Hedrich	Wm. J. Tickner & Sons	Balto. Md.

Dr. Wm E. Martin MD

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. 33.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural - catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines Nursing Home, 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1834 E. Chase Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	MICHAEL	WEISS, SR.	Aug. 14, 1951 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	May 11, 1883	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
salesman	Sun Papers	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Samuel Weiss	Eva G. Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	218-09-8710	George M. Weiss, Jr. 1834 E. Chase St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Generalized Carcinomatosis	3 mo
181X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last .52 b (b) Carcinoma of Bladder	3 yr.
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 7, 1951, to Aug. 14, 1951, that I last saw the deceased alive on Aug. 14, 1951, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
William K. Gallagher	M.D. Catonsville 28, Md.	8-16-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	8/17/51	Holy Redeemer Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/16/51	H. W. Rodkey	HENRY SAUER & SONS, INC. BALTO., 13, MD.	Henry Sauer

VS-41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspburg; LENGTH OF STAY (in this place): 1 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4919 Hazelwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: Balto. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspburg; STREET ADDRESS (If rural, give location): 4919 Hazelwood Ave

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) John (Last) Welsko (Wilsko)

4. DATE OF DEATH (Month) (Day) (Year): Aug 16 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 4 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months 8 Days 12; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drill Press Operator

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mills

11. BIRTHPLACE (State or foreign country): Blackman Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Wilsko

14. MOTHER'S MAIDEN NAME: Anna Fristik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Edward V. Welsko 4919 Hazelwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 20 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive Cardiovascular Dis. — existing yrs

(c)

442X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1951, to Aug 16, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 12:05 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Mat R. English M.D. ADDRESS: 5713 Belair Rd Balto 6 Md. DATE SIGNED: 8-17-51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug 20 1951

NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

LOCATION (City, town, or county) (State): Dallas, Pa.

DATE REC'D BY LOCAL REG.: 8-17-51

REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR: Elmer W. Conklin ADDRESS: 924 E. Eager St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook & Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) She[illegible] & Frederick Ave.

3. NAME OF DECEASED (Type or Print): (First) Hall (Middle) A (Last) Thaltle
4. DATE OF DEATH: (Month) Aug. (Day) 22, (Year) 1951

5. SEX
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 16, 1904
9. AGE last birthday 52 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John B. A. Thaltle
14. MOTHER'S MAIDEN NAME Minnie D. Kummel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr. Albert F. Thaltle 515 [illegible] Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease with Cardiac decompensation — Interval Between Onset and Death: 5 yrs +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

4/22,1
124 lbs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirhosis of liver secondary to 1(a) — 4-5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947, to 22 Aug., 1951, that I last saw the deceased alive on 22 Aug., 1951, and that death occurred at 12.55 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS 20 E. Preston St. Baltimore 2, Md. DATE SIGNED 23 Aug 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/25/51
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECD BY LOCAL REG. 8/24/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. J. Tuckner & Sons, Inc. ADDRESS Catonsville Md.

736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Kenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 14 Kenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) (Last) White
4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 29, 1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months 9, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Rafferty
14. MOTHER'S MAIDEN NAME: Bridget Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Edward J. White - 14 Kenwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Ca of Liver — Interval Between Onset and Death: 6 mos

1957 Antecedent cause(s) (b) Primary Ca of Gall Bladder — 13 yrs.

46+ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1951, to 8-20, 1951, that I last saw the deceased alive on Aug. 20, 1951, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Helen K. Gallagher M.D. Catonsville-28, Md. 8-20-51

23. BURIAL, CREMATION # REMOVAL (Specify): Removal | DATE: 8-21-51 | NAME OF CEMETERY OR CREMATORY: Holy Cross | LOCATION (City, town, or county) (State): Arlington New Jersey

DATE REC'D BY LOCAL REG. 8-20-51 | REGISTRAR'S SIGNATURE: V E Harry | 24. FUNERAL DIRECTOR ADDRESS: Guy A Farley - Catonsville, Md.

AUG 23 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maywood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural, give location) Maywood Road

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) ESTELLA (Last) WILEY
4. DATE OF DEATH: (Month) Aug. (Day) 18, (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4, 1891
9. AGE last birthday: 60 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stewart Jacob Sides
14. MOTHER'S MAIDEN NAME: Sarah Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Stewart Wiley, Ruxton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - hypertension	6 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

E51X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1951, to Aug. 18, 1951, that I last saw the deceased alive on Aug. 17, 1951 and that death occurred at 5:55A m., from the causes and on the date stated above.

SIGNATURE C. Thelma Brandt (Degree or title) M.D. ADDRESS 24 E. Eager St Balto Md. DATE SIGNED 8/21/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 21, 1951
NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem.
LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG. Aug. 21, 1951
REGISTRAR'S SIGNATURE: Mabel E. Gray
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07850

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Nunnery Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 104 Nunnery Lane

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) Alice (Last) Wilson

4. DATE OF DEATH: (Month) Aug. (Day) 2/51 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 24, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Muse

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Charles A. Shaab, 104 Nunnery L

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Decompensation	1 mo.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Chr. Cardio-Vascular-Renal Disease	15 yr.
	(c) Diabetes Mellitus	10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1942, to 8-2, 1951, that I last saw the deceased alive on 8-1, 1951, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

SIGNATURE: Wilson K. Gallogly (Degree or title) M.D. ADDRESS: Catonsville-28, Md. DATE SIGNED: 8-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 4/51

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/3/51

REGISTRAR'S SIGNATURE: W. E. Harvey

24. FUNERAL DIRECTOR: Harry A. Kutzler ADDRESS: 4101 Edmondson Ave

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07851

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) MARYLAND | HOSPITAL OR INSTITUTION OR STREET ADDRESS Ft. Howard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | STREET ADDRESS (If rural, give location) 3113 Acton Road-14

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edgar (Last) Young

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 19 51

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Sept. 13, 1898 | 9. AGE last birthday 52 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Pen. Works | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? | 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-09-6789 | 17. INFORMANT AND ADDRESS Mrs. Mary J. Young - 3113 Acton Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease 5 yrs

420.1 93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY ~~OCCURRED~~ While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. V. Sowers (Degree or title) M.D. ADDRESS Dept. Med. Exam. Baltimore Md DATE SIGNED 8/29/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/31/51 | NAME OF CEMETERY OR CREMATORY Moreland Park | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 8/29/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR L. J. Ruck | ADDRESS 5305 Harford Rd

690376

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A